



Permanency Planning and Family-based Alternatives Report

**As Required by
Texas Government Code,
Section 531.060(o) and Section
531.162(b)**

Health and Human Services

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Table of Contents

Executive Summary	3
1. Introduction	4
2. Background	6
3. Permanency Planning	8
Number of Children Residing in Institutions	8
Circumstances of Children Residing in Institutions	10
Permanency Plans Developed for Children in Institutions	15
Number of Children Who Returned Home or Moved to a Family-based Alternative	16
Community Supports Resulting in Successful Return Home or to a Family-based Alternative	17
4. Permanency Planning Summary and Trend Data	21
5. Family-based Alternatives	24
Movement of Children to Family-based Alternatives	24
6. System Improvement and Challenges	31
System Improvement Activities	31
Challenges.....	33
7. Conclusion	34
List of Acronyms	35

Executive Summary

Texas Government Code, Subchapter D-1. Permanency Planning, Section 531.153(a) requires permanency planning for Texas children under age 22 living in institutions.¹ The desired outcome of permanency planning is for Texas children to receive family support in a permanent living arrangement which has as its primary feature an enduring and nurturing parental relationship.

As of August 31, 2018, 1,133 children were living in all types of institutions, representing a 28 percent decrease since permanency planning was implemented in 2002, or a 59 percent decrease if children served in the Home and Community-based Services waiver (HCS) are excluded. Of the 1,133 children living in institutions:

- The majority (67 percent) were young adults, ages 18 to 21.
- More than half (56 percent) were in HCS.
- A relatively small number (6 percent) resided in a nursing facility.
- The majority (96 percent) had a current permanency plan.

Specialized supports provided through 1915(c) waiver programs, including HCS, help children transition from living in institutions to either living with their families or in family-based alternatives, which is a family-like setting. From September 1, 2017, to August 31, 2018, 47 children moved from institutions, with the majority moving to live with their families.

Since 2002, the Health and Human Services Commission's (HHSC) contractor, EveryChild, Inc.,² has worked with families on behalf of 544 children to move or divert from an institution.

¹ Institution means long-term residential settings that serve from three to several hundred residents. Home and Community-based Services (HCS) group homes serving no more than four residents are included in this definition.

² HHSC released the first request for proposal (RFP) to identify a contractor in 2002, followed by additional RFPs in 2007 and 2015.

1. Introduction

This report addresses requirements in Texas Government Code, Section 531.162(b) and Section 531.060(o).

Section 531.162(b) requires HHSC to submit a semiannual report on permanency planning to the Governor and committees of each house of the Legislature with primary oversight jurisdiction over health and human services agencies. The report must include the:

- Number of children residing in institutions in Texas and the number of those children for whom a recommendation has been made for transition to a community-based residence but who have not yet made the transition;
- Circumstances of each child, including the type and name of the institution in which the child resides, the child's age, the residence of the child's parents or guardians, and the length of time in which the child has resided in the institution;
- Number of permanency plans developed for children residing in institutions, the progress achieved in implementing those plans, and barriers to implementing those plans;
- Number of children who previously resided in an institution and have made the transition to a community-based residence;
- Number of children who previously resided in an institution and have been reunited with their families or placed with alternate families;
- Community supports that resulted in the successful placement of children with alternate families; and
- Community support services that are unavailable but necessary to address the needs of children who continue to reside in an institution in Texas after being recommended to move from the institution to an alternate family or community-based residence.

Section 531.060(o) requires HHSC to submit a report on family-based alternatives annually, by January 1, to the Legislature. The report must include the:

- Number of children currently receiving care in an institution;
- Number of children placed in a family-based alternative under the system during the preceding year;

- Number of children who left an institution during the preceding year under an arrangement other than a family-based alternative;
- Number of children waiting for an available placement in a family-based alternative under the system; and
- Number of alternative families trained and available to accept placement of a child under the system.

This report uses data from fiscal year 2018 and includes cumulative data and other relevant historical information for evaluative purposes. Data may be subject to timing and other limitations. Data from the former Department of Aging and Disability Services (DADS) is included as HHSC data.

2. Background

Texas Government Code, Section 531.153(a) requires HHSC to ensure each child residing in an institution receives permanency planning. Section 531.151(4) defines permanency planning as "...a philosophy and planning process that focuses on the outcome of family support by facilitating a permanent living arrangement with the primary feature of an enduring and nurturing parental relationship." Section 531.152 outlines the state's policy regarding permanency planning "...to ensure that the basic needs for safety, security, and stability are met for each child in Texas. A successful family is the most efficient and effective way to meet those needs. State and local communities must work together to provide encouragement and support for well-functioning families and ensure that each child receives the benefits of being part of a successful permanent family as soon as possible."

In accordance with statute, permanency planning applies to individuals 22 years old and younger residing in any of the following long-term care settings:

- Small, medium, and large community intermediate care facilities for individuals with an intellectual disability or related conditions (ICFs/IID)
- State supported living centers (SSLCs)
- HCS residential settings (i.e., supervised living or residential support)
- Nursing facilities
- Institutions for individuals with an intellectual disability (ID) licensed by the Department of Family and Protective Services (DFPS)

Permanency planning recognizes two options for a child transitioning to family life:

- Returning to the child's family³; or
- Moving to a family-based alternative, a family-like setting in which a trained provider offers support and in-home care for children with disabilities or children who are medically fragile⁴.

³ 40 Texas Administrative Code (TAC) Section 9.167(a)(2)(C)(i)(I)

⁴ 40 TAC §9.167(a)(2)(C)(i)(II)

While permanency planning for minor children (ages birth-17) focuses on family life, permanency planning for young adults (ages 18-21) acknowledges another community living arrangement (e.g., one's own apartment) may be a more appropriate, adult-oriented goal towards independence. The planning process also recognizes permanency goals may change over time if the perspective of a parent or legally authorized representative (LAR) changes following fuller exploration, exposure to alternatives, or if there are changes in family circumstances⁵.

⁵ 40 TAC §9.167(b)

3. Permanency Planning

Permanency planning, as a philosophy, refers to the goal of family life for children. The permanency planning process focuses on the development of strategies and marshalling of resources to reunite a child with his or her family (e.g., birth or adoptive) or achieve permanent placement with an alternate family. Families and children participate in the process to help identify options and develop services and supports necessary for the child to live in a family setting. The Permanency Planning Instrument (PPI)⁶ captures the status of a child’s permanency plan at the time of a semiannual review. The following information is based on aggregated data from PPIs completed as of August 31, 2018.

Number of Children Residing in Institutions

Table 1 shows the total number of children living in institutions by institution type as of August 31, 2018.

Table 1. Number of Children in Institutions, HHSC and DFPS Combined as of August 31, 2018

Institution Type	Ages Birth-17	Ages 18-21	Total
Nursing Facility	46	27	73
Small ICF/IID	24	163	187
Medium ICF/IID	3	25	28
Large ICF/IID	3	13	16

⁶ HHS Form 2260 - <https://hhs.texas.gov/laws-regulations/forms/2000-2999/form-2260-permanency-planning-instrument-ppi-children-under-22-years-age-family-directed-plan>

Institution Type	Ages Birth-17	Ages 18-21	Total
SSLC	63	102	165
HCS	196	423	619
DFPS- Licensed ID Institution	44	1	45
Total	379	754	1,133

Data shows 806 children (78 percent) resided in a setting with 8 or fewer residents.⁷ Of those 806, 220 (27 percent) were minors, including 37 under DFPS conservatorship, and 586 (72 percent) were young adults ages 18 through 21, including 50 who were placed by DFPS.

Institutions with more than 8 residents served 327 children (32 percent). Of those 327 children, 159 (49 percent) were minors, including 2 children under DFPS conservatorship, and 168 (51 percent) were young adults, including 3 young adults placed by DFPS. Table 7 provides additional information on the number of children for whom a recommendation has been made for transition to a community-based residence but who have not yet made the transition.

⁷ Findings based on combining data from children in small ICFs/IID, which are group homes licensed to serve up to eight residents, and HCS, which represents small group homes serving up to four residents.

Circumstances of Children Residing in Institutions

The following figures provide summary information on children residing in institutions. As shown in Figure 1, the majority were young adults (18-21) as of August 31, 2018.

Figure 1. Age Distribution of Children, HHSC and DFPS Combined as of August 31, 2018

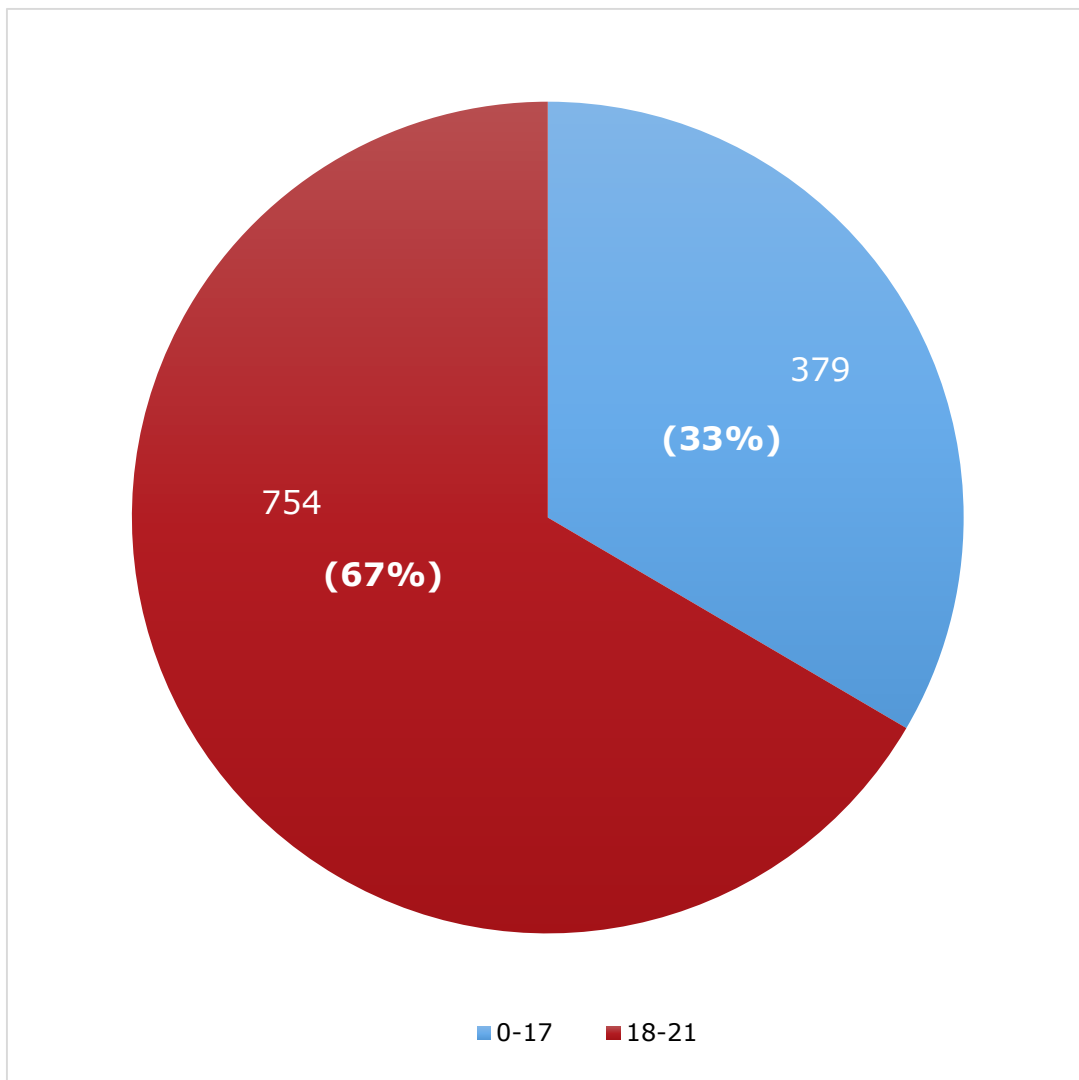


Figure 2, below, shows the number and percent of minors in institutions for HHSC and DFPS combined. The largest number of minors were 16–17 years of age.

Figure 2. Age Distribution of Minors in Institutions, HHSC and DFPS Combined as of August 31, 2018

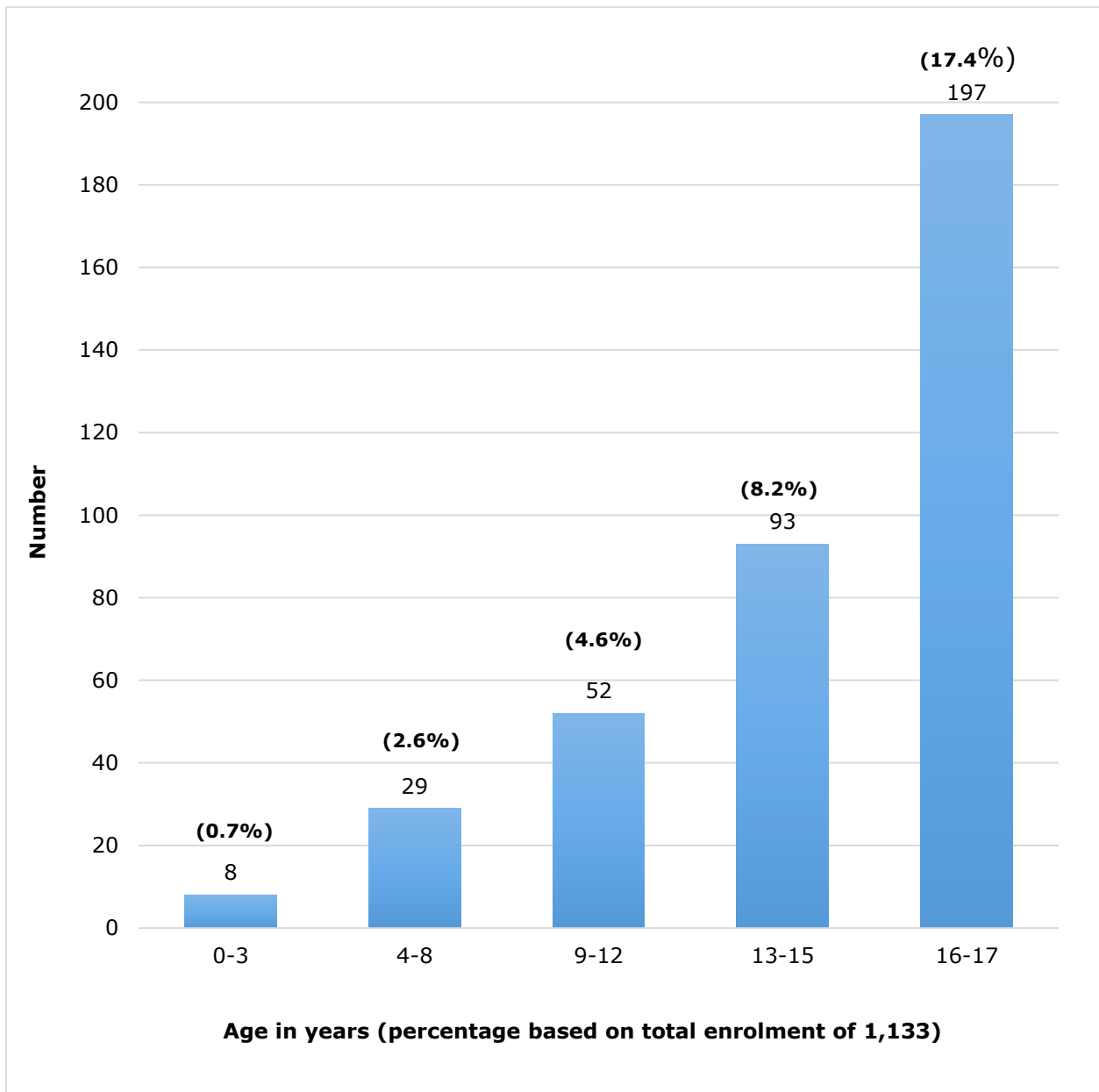


Figure 3, below, shows a higher percentage of young adults than minors in all institutions, except nursing facilities and DFPS-licensed ID institutions. Compared to all other institutions, the percent of young adults in medium ICFs/IID was the highest (89 percent).

Figure 3. Age of Children by Institution Type, HHSC and DFPS Combined as of August 31, 2018

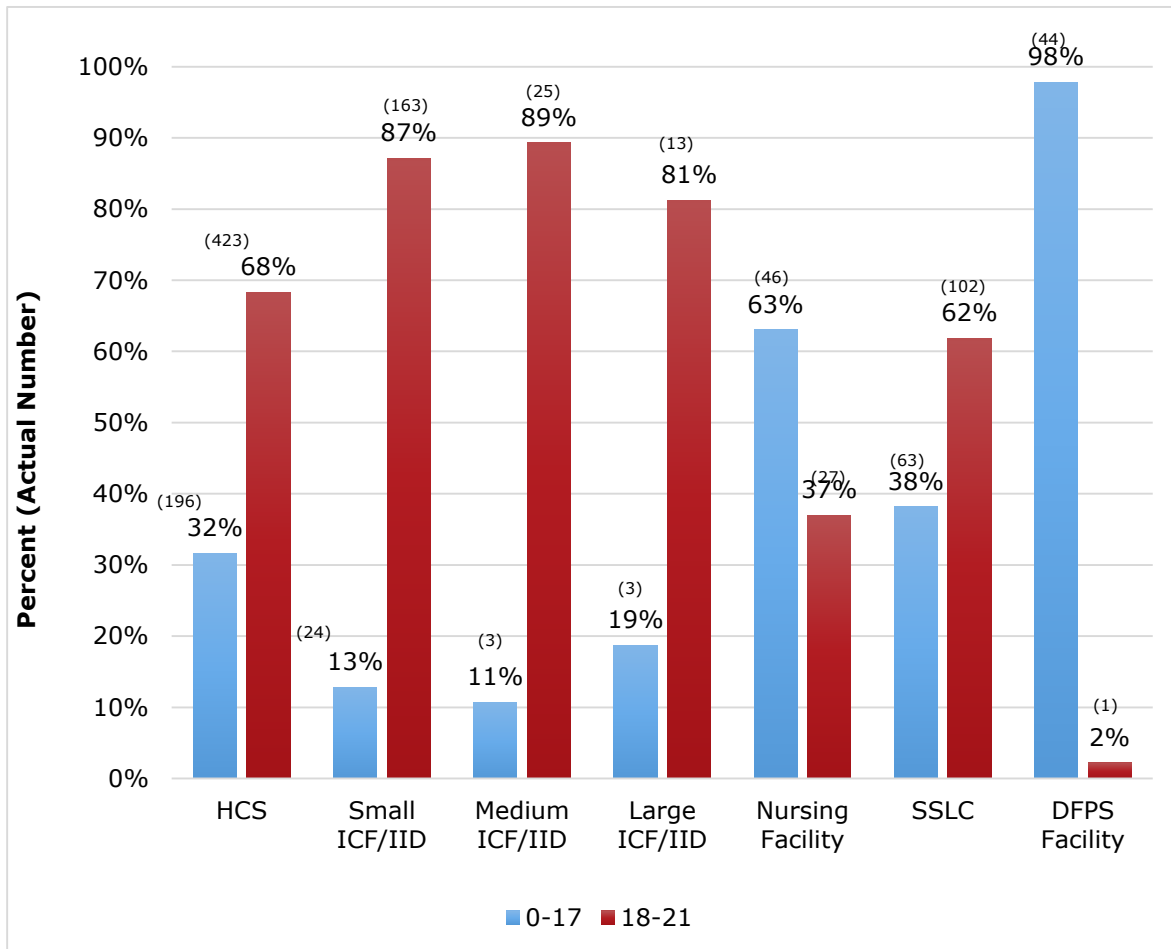


Figure 4, below, summarizes length of stay (LOS) in all institution types combined. The LOS was calculated using the date of the child’s most recent admission to the institution and the end of the reporting period if the child was still in the program on that date. As the figure shows, half of the children had a LOS of less than one year and only six percent had a LOS of five years or more.

Figure 4. Length of Stay in Institutions, HHSC and DFPS Combined as of August 31, 2018

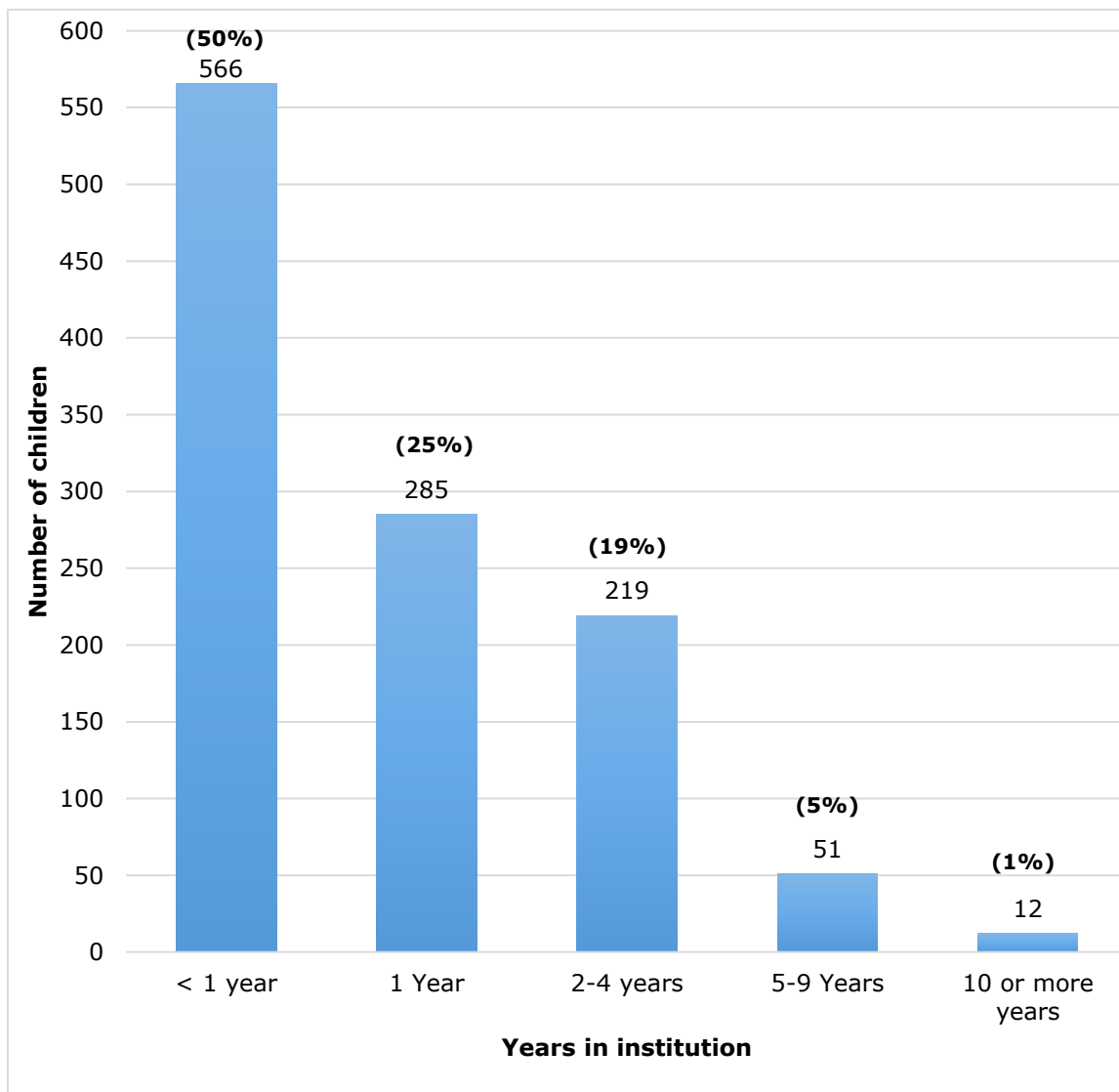
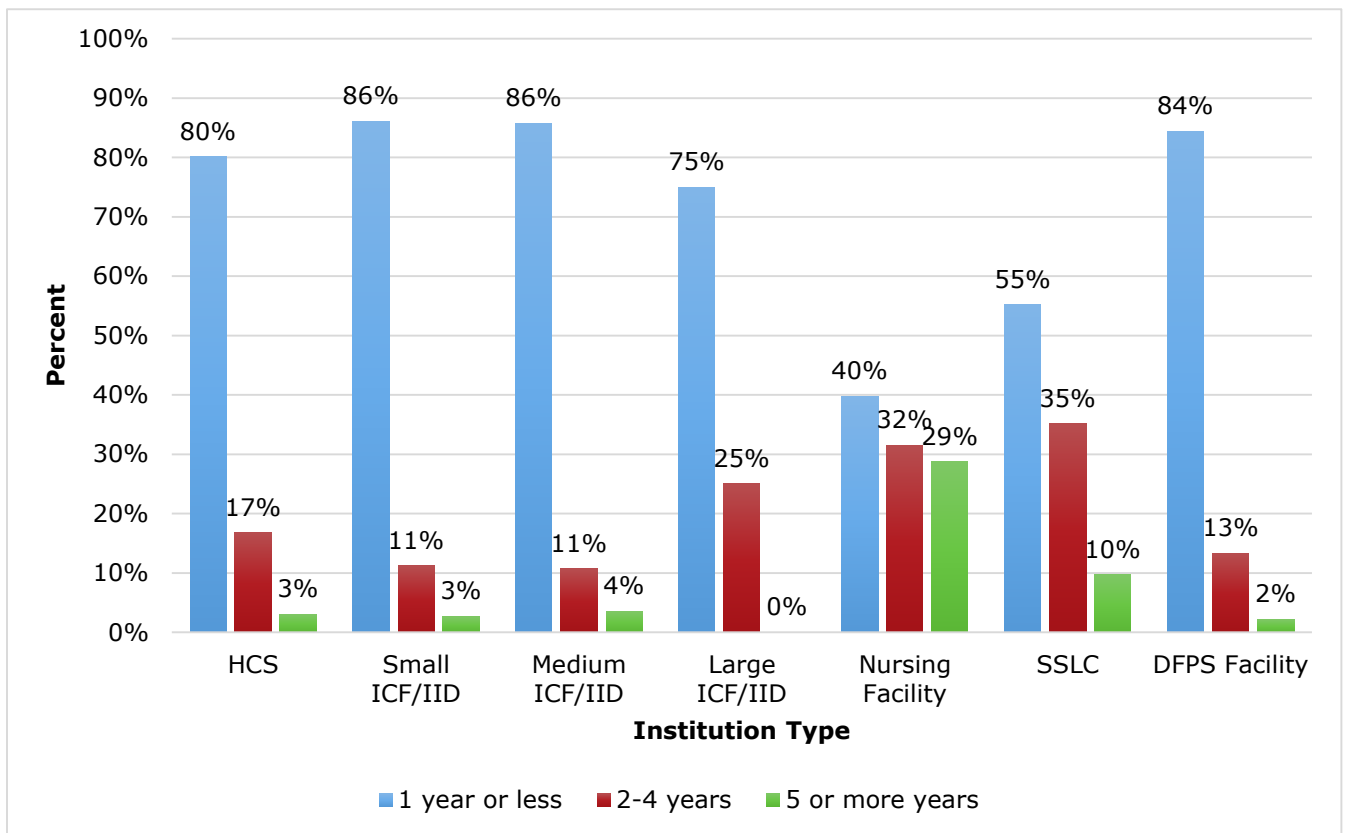


Figure 5, below, shows most children within each type of institution had a LOS of 1 year or less in their current placement, with small and medium ICFs/IID having the highest percent (86 percent) each and nursing facilities having the lowest percent (40 percent). Nursing facilities served the largest percent of children (29 percent) with a LOS of 5 or more years. Children in nursing facilities typically do not move from facility to facility. There were no children in large ICFs/IID with a LOS of five or more years.

Figure 5. Length of Stay in Years by Type of Institution as of August 31, 2018



Permanency Plans Developed for Children in Institutions

Texas Government Code, Section 531.0245 requires the state to ensure children in institutions have permanency plans developed and updated semi-annually. As shown in Table 2, HHSC assigns the responsibility for developing and updating permanency plans based on where children reside.

Table 2. Responsibility for Permanency Plans, by Residence Type

Residence Type	Responsible Party
HCS and ICF/IID ⁸	Service coordinators employed by local intellectual and developmental disability authorities (LIDDAs)
DFPS-licensed IDs	Developmental disability specialists
Nursing Facilities	EveryChild, Inc. staff

Table 3 reflects the number of children for whom a permanency plan was completed during the reporting period by type of institution. Plans were completed for most children. The lack of a permanency plan for the remaining five percent of children is attributed to a delay in data entry for a completed plan or the timing of an admission (e.g., if a child is admitted to an institution on or immediately before the last day of the reporting period).

Table 3. Permanency Plans Completed as of August 31, 2018

Institution Type	Number of Children in Institutions	Number of Plans Completed	Percentage of Plans Completed
Nursing Facility	73	73	100

⁸ This includes SSLCs.

Institution Type	Number of Children in Institutions	Number of Plans Completed	Percentage of Plans Completed
Small ICF/IID	187	176	94
Medium ICF/IID	28	27	96
Large ICF/IID	16	13	81
SSLC	165	157	95
HCS	619	595	96
DFPS-licensed ID institution	45	41	91
Total	1,133	1,082	96

Number of Children Who Returned Home or Moved to a Family-based Alternative

Texas Government Code, Section 531.060(b) encourages parental participation in planning and recognizes parental or LAR authority for decisions regarding living arrangements. Goals established during the planning process reflect the direction in which permanency planning is moving. While every effort is made to encourage reunification with the child’s family, families or LARs are sometimes unable to bring the child home. In those situations, the preferred choice for a child may be a family-based alternative. HHSC contracts with EveryChild, Inc., to work with HHSC, DFPS, and their partners (e.g., waiver program providers and child placement agencies) to help children in institutions move either back home or to a family-based alternative.

Since 2002, EveryChild, Inc., has identified over 2,000 potential alternate families. As of August 31, 2018, 503 alternate families were actively associated with a provider.

Table 4 includes data from EveryChild, Inc., and shows how many children in HHSC or DFPS programs the contractor helped move home or to a family-based alternative. The table shows that during the past six months, half of the children who left an institution moved to a family-based alternative.

Table 4. Children Returned Home or Moved to a Family-based Alternative in HHSC or DFPS Programs by EveryChild, Inc., from September 1, 2017 through August 31, 2018.

State Agency	Returned Home	Family-based Alternative	Total
HHSC	12	9	21
DFPS	0	3	3
Total	12	12	24

Community Supports Resulting in Successful Return Home or to a Family-based Alternative

Children returning home or moving to a family-based alternative often require specialized community supports identified during the permanency planning process as part of the PPI. Some supports are architectural modifications, behavioral intervention, mental health services, durable medical equipment, personal assistance, and specialized therapies. Supports vary by type, frequency, and intensity and are provided a variety of ways depending on needs of the child and family or LAR.

A combination of Texas Medicaid State Plan and waiver program services provided the supports needed by children moving from an institution. Not all waiver programs have access to the services needed for children to live with their families or in a family-based alternative. Additionally, services may be subject to limitations in certain location.⁹ Table 5 shows many of the available services¹⁰ and includes Medicaid State Plan and waiver program services used by one or more children leaving an institution. The HCS program stands out because it includes “host home/companion care”

⁹ For example, a child living in a rural area may be authorized to receive behavioral supports, but a service authorization does not assure access to trained and qualified professionals. In this case, the program provider is required to actively work to develop the resource to serve the individual.

¹⁰ The service array in a waiver program is subject to change based on federal requirements and approval by the Centers for Medicare and Medicaid Services (CMS).

services, where children are given the opportunity to live with an alternate family when living with their own family is not an option.

Table 5. Texas Medicaid Waiver Services by Program¹¹

Specialized Supports	HCS	Medically Dependent Children Program	Community Living Assistance and Support Services	Deaf Blind with Multiple Disabilities	Texas Home Living	STAR+ PLUS
Adaptive aids	Yes	Yes	Yes	Yes	Yes	Yes
Behavioral support	Yes	No	Yes	Yes	Yes	No
Community support services	No	No	No	No	Yes	No
Day habilitation	Yes	No	No	Yes	Yes	No
Dental	Yes	No	Yes	Yes	Yes	Yes
Employment assistance	Yes	Yes	Yes	Yes	Yes	Yes
Flexible family support	No	Yes	No	No	No	No
Minor home modifications	Yes	Yes	Yes	Yes	Yes	Yes
Host home/ companion care	Yes	No	No	No	No	No

¹¹ Effective March 20, 2016, transportation is the only billable activity for the following services: community support services, residential habilitation, and supported home living.

Specialized Supports	HCS	Medically Dependent Children Program	Community Living Assistance and Support Services	Deaf Blind with Multiple Disabilities	Texas Home Living	STAR+ PLUS
Nursing	Yes	No	Yes	Yes	Yes	Yes
Professional therapies	Yes	No	Yes	Yes	Yes	Yes
Residential habilitation	No	No	Yes	Yes	No	No
Respite	Yes	Yes	Yes	Yes	Yes	Yes
Specialized therapies	No	No	Yes	No	No	No
Supported employment	Yes	Yes	Yes	Yes	Yes	Yes
Supported home living	Yes	No	No	No	No	No
Transition assistance services	Yes	Yes	Yes	Yes	Yes	Yes

4. Permanency Planning Summary and Trend Data

Longitudinal data demonstrates the success of permanency planning by showing a continual increase of the number of children moving from institutions to smaller family-like settings (e.g., the child’s home or a family-based alternative).

Table 6 provides the number of children residing in institutions at three points in time and the percentage change. Within the past six months, the number of children in all institution types (including HCS) increased marginally by four-tenths of one percent; and the number of children in all institution types excluding HCS increased by four percent. Compared to August 31, 2002, the number of children in all institution types (including HCS) decreased by 28 percent, and the number of children in all institution types excluding HCS decreased by 59 percent.

Table 6. Trends in the Number of Children by Institution, HHSC and DFPS Combined

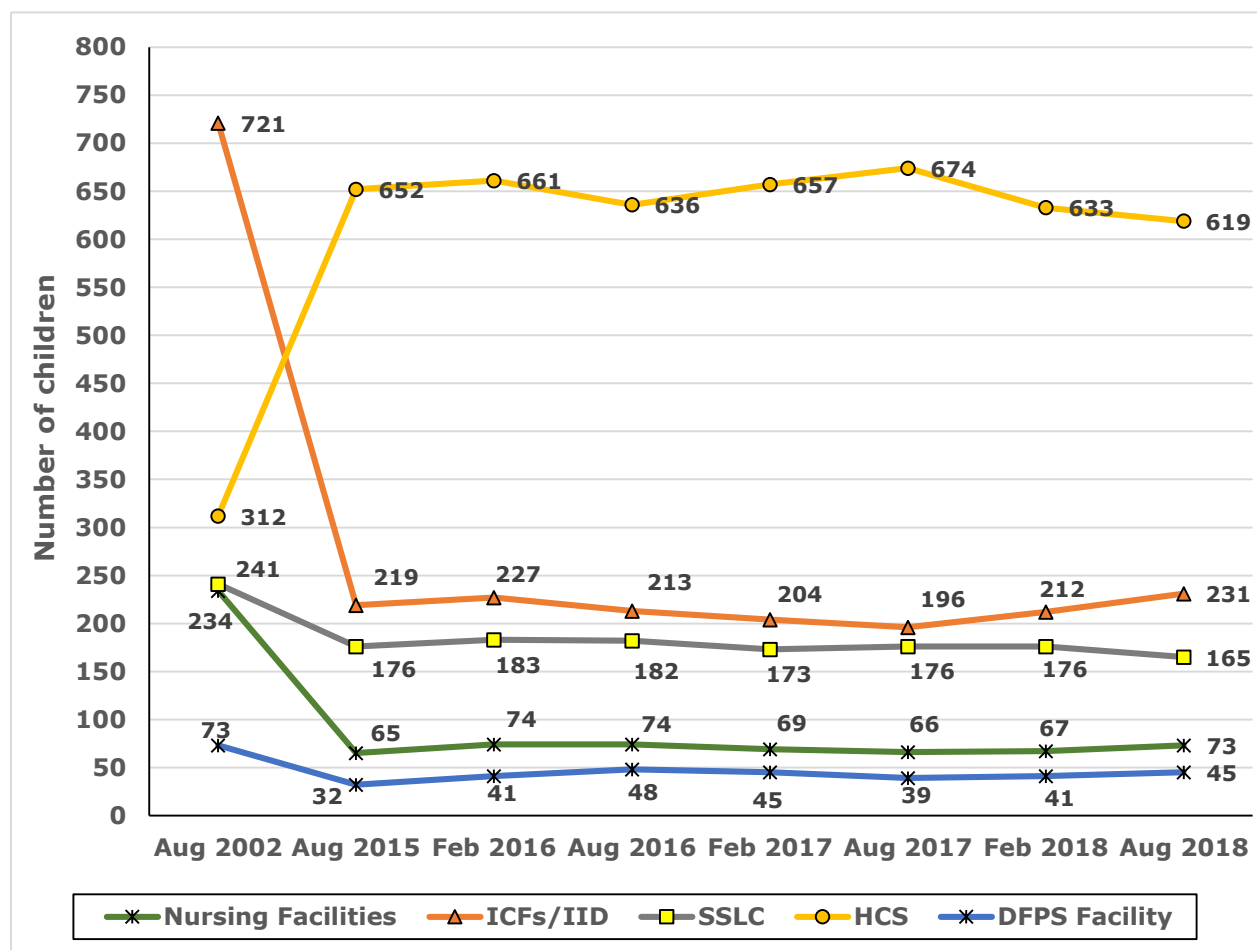
Institution Type	Baseline Number as of Aug. 31, 2002	Number as of Feb. 28, 2018	Number as of Aug. 31, 2018	Percentage Change Since August 2002	Percentage Change in Past 6 Months
Nursing Facilities	234	67	73	-69%	8%
Small ICF/IID	418	171	187	-55%	9%
Medium ICF/IID	39	29	28	-28%	-4%
Large ICF/IID	264	12	16	-94%	25%
SSLC	241	176	165	-32%	-7%
HCS	312	633	619	98%	-2%

Institution Type	Baseline Number as of Aug. 31, 2002	Number as of Feb. 28, 2018	Number as of Aug. 31, 2018	Percentage Change Since August 2002	Percentage Change in Past 6 Months
DFPS-Licensed ID Institutions	73	41	45	-38%	9%
Total	1,581	1,129	1,133	-28%	0.4%
Total with HCS Excluded	1,269	496	514	-59%	4%

Figure 6 displays trends from August 31, 2002, to August 31, 2018. As the figure shows, the number of individuals residing in an HCS group home has remained comparatively high, while the number of children in other types of institutions has shown an overall decreasing trend since 2002.

Data for the 12-year period between August 2002 and August 2015 has been condensed in the figure. August 2002 data are included as baseline data.

Figure 6. Number of Children in Institutions by Type of Institution August 2002 to August 2018



5. Family-based Alternatives

Child development experts agree, and research supports that children are physically and emotionally healthier when they grow up in well-supported families. HHSC has contracted with the community organization EveryChild, Inc., since 2002 to help children receive necessary services in a family-based alternative instead of an institution.

Through family-based alternatives:

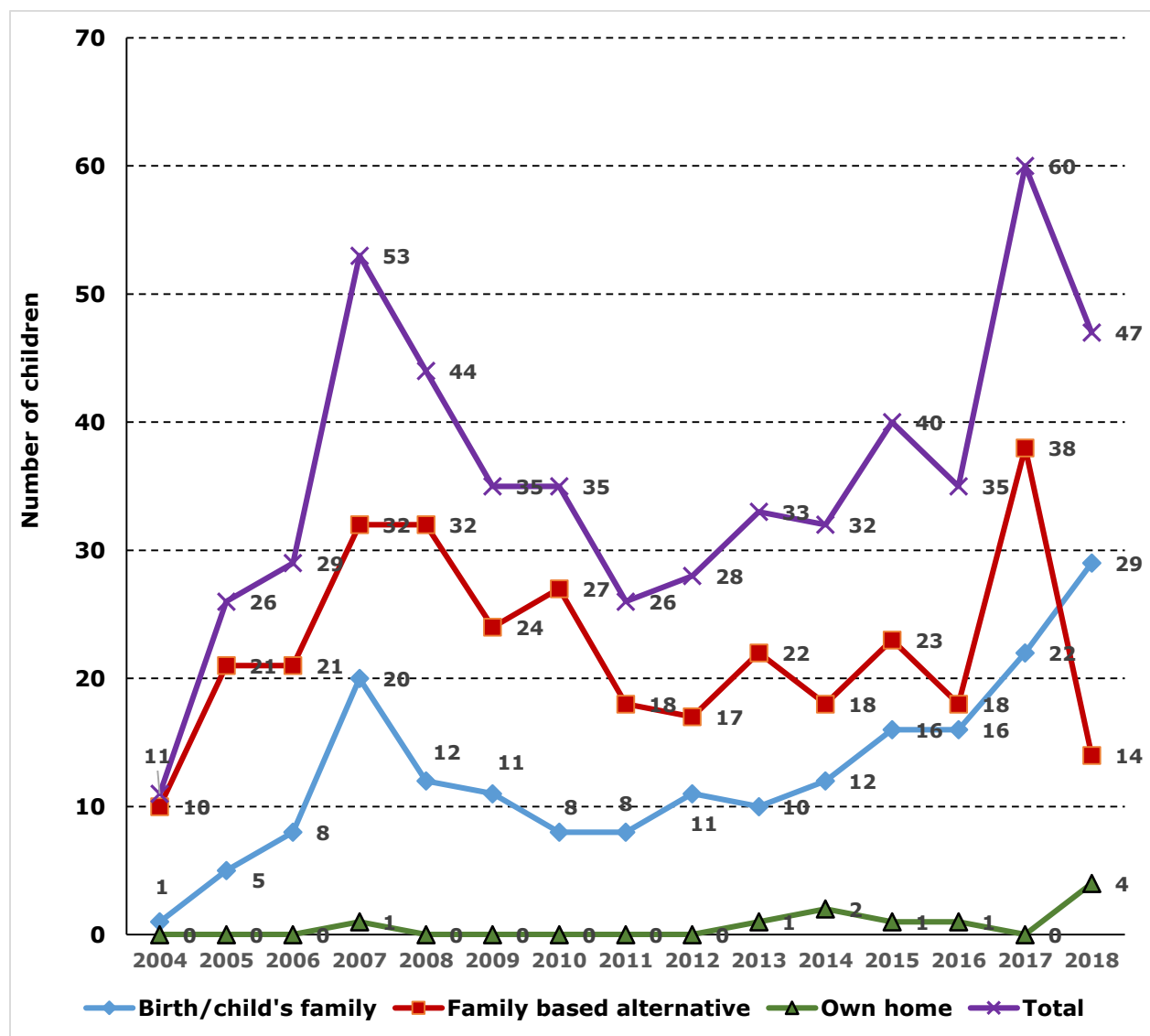
- Alternative families are recruited and trained to provide services for children.
- Children's service needs and alternative families are comprehensively assessed to identify the most appropriate alternative families for possible placement of children.
- Children's parents or LARs are provided information regarding the availability of family-based alternatives.
- Children residing in an institution are identified and offered support services, including waiver services, which would enable them to return to their birth or adoptive families or be placed in a family-based alternative.
- Other circumstances in which children must be offered waiver services, including circumstances in which changes in an institution status affects placements or the quality of services received by children are determined through their permanency plans.

Movement of Children to Family-based Alternatives

Previous sections of this report identified the number of children placed in family-based alternatives for the six-month period ending August 31, 2018. This section describes contractor activities during fiscal year 2018 that assisted with placements in a family-based alternative, and diversion of children from admission to institutions. This section also identifies elements contributing to the development and implementation of a system of family-based alternatives.

Figure 7 provides data starting in 2004, on the number of children assisted by EveryChild, Inc., by placement and diversion activity by fiscal year. EveryChild, Inc., helped divert or move 47 children from an institution in fiscal year 2018. Of the 47 children, 14 (30 percent) moved to a family-based alternative, 29 (62 percent) returned to their family, and 4 (8 percent) young adults moved to their own homes.

Figure 7. Number of Children Assisted by EveryChild, Inc., by Placement/Diversion Activity as of August 31, 2018



The change in placements from 2017 to 2018 shown in Figure 7 was due to related factors including:

- More children being supported to live at home.
- Reduced access to HCS waiver funding for children under 16 living in Department of Family and Protective Services General Residential Operations.
- Increased referrals from providers, LIDDAs, DFPS disability specialists, Children and Pregnant Women case managers, families, family organizations, and others for children at risk of facility admission.
- Increased recognition of the feasibility of family life for children with significant challenges.

Table 7 provides an overview of the contractor’s placement, diversion, and related activities during fiscal year 2018.

EveryChild, Inc.’s, Activities Accomplished	To Birth/ Child’s Family	To Family-based Alternative	To Own Home	Total
Moved From an Institution	9	9	3	21
Diverted From Admission to an Institution	20	5	1	26
In Transition to Family	16	4	0	20
Identification of an Alternate Family Underway	23	40	0	63
Total	68	58	4	130

Table 8 shows 26 (55 percent) of the children the contractor assisted in fiscal year 2018 were diverted from residing in institutions. Of the 544 children assisted by EveryChild, Inc., since 2002, 389 (72 percent) resided in a large institution.

Table 7. Number Assisted by EveryChild, Inc., by Size/Type of Institution as of August 31, 2018

Size of Institution	Type of Institution	Children Moved in FY 2018	Children Moved Since FY 2002
Large	Nursing Facility	10	192
Large	Community ICF/IID	0	69
Large	DFPS-Licensed ID Institution	5	104
Large	SSLC	0	12
Large	Other ¹²	4	12
Medium or Small	Community ICF/IID	0	29
Medium or Small	HCS	2	28
Medium or Small	DFPS Group Home ¹³	0	4
Diverted from Institution	n/a	26	94
Total	n/a	47	544

¹² Combination of state hospital, Texas School for the Blind and Visually Impaired, and residential treatment center.

¹³ A foster group home or agency foster group home as defined by Texas Human Resources Code, Section 42.002.

EveryChild, Inc., collaborates with 293 active state-contracted provider organizations to expand their capacity to offer family-based alternatives and better meet children’s needs by helping them recruit, assess, and train potential alternative families. Since 2002, EveryChild, Inc., has recruited 2,015 potential alternate families and placed 346 children with family-based alternatives. They have and continue to provide training, technical assistance, and consultation to Texas LIDDAs and to individuals representing families, providers, managed care organizations, schools, advocacy groups, facilities, and community organizations.

Table 9 provides an overview of movement activities with providers by funding source for fiscal year 2018 and from August 2002 through August 31, 2018, with the final column representing the total number of children moved from August 2002 through August 31, 2018.

Table 8. Funding Source by Setting for Children Who Moved with Family Based Alternatives Contractor Assistance

Funding Source (State Agency)	To Child's Family FY18	To Family-based Alternative FY18	To Own Home FY18	To Child's Family Since Aug. 2002	To Family-based Alternative Since Aug. 2002	To Own Home Since Aug. 2002	Total # of Children Moved to Date
Community Based Alternatives (DADS) ¹⁴	2	0	1	5	0	2	7
CLASS (HHSC/DADS)	0	0	0	31	5	4	40
HCS (HHSC/DADS)	16	14	2	106	308	3	417
MDCP (HHSC/DADS)	4	0	0	31	1	0	32
Title IV Foster Care (DFPS)	0	0	0	0	31	0	31
YES Waiver	0	0	0	1	0	0	1

¹⁴ Terminated effective September 1, 2014.

Funding Source (State Agency)	To Child's Family FY18	To Family-based Alternative FY18	To Own Home FY18	To Child's Family Since Aug. 2002	To Family-based Alternative Since Aug. 2002	To Own Home Since Aug. 2002	Total # of Children Moved to Date
Other/Non-Waiver (Medicaid or other funding)	7	0	1	14	1	1	16
Total	29	14	4	188	346	10	544

6. System Improvement and Challenges

Since 2002, the number of children in institutions serving more than four persons has been decreasing, including a 94 percent decrease in large ICFs/IID, a 69 percent decrease in nursing facilities, and a 59 percent decrease in all institutions serving more than four persons. The permanency planning process continues to create awareness that children are physically and emotionally healthier when they grow up in well-supported families. Most children continue to have a current permanency plan. Additionally, increased resources have allowed families and LARs to choose family-based care instead of institutional care for children. Resources that have been key to helping children move to or remain in family homes or family-based alternatives include:

- Reserved capacity in the HCS waiver program;¹⁵
- HCS host home/companion care services;
- Expansion of family-based alternatives through coordinated efforts by the contractor and waiver program providers; and
- Specialized services, including high medical needs supports and community-based crisis support services.

System Improvement Activities

During the current reporting period, HHSC, DFPS, EveryChild, Inc., and LIDDA representatives continued to collaborate to improve permanency planning. A selection of key activities is highlighted below.¹⁶

- Continued work on implementation of Senate Bill 7, 83rd Legislature, Regular Session, 2013, designed, in part, to transition identified services (including long-term services and supports for children) to managed care.
- Providing programmatic and administrative support to child-focused groups, including the Children's Policy Council, STAR Kids Managed Care Advisory

¹⁵ Reserved capacity may serve children at risk of admission to an SSLC, for example.

¹⁶ Activities include those undertaken by the former DADS before programs and services became a part of HHSC.

Committee and the Intellectual and Developmental Disabilities Systems Redesign Advisory Committee.

- HCS Enrollment Activities - HHSC released HCS slots approved by the 85th Legislature, which included:
 - ▶ 325 HCS slots for persons moving out of large, medium, and small ICFs/IID. Of those, HHSC approved 106 enrollments and an additional 55 were in the enrollment process as of August 31, 2018. This category includes, but is not limited to children;
 - ▶ 110 HCS slots for children aging out of foster care. HHSC agreed to use attrition slots to support this category if the need for slots exceeded the allocation. HHSC used 14 attrition slots included in the following counts. HHSC approved enrollment of 66 children and an additional 22 children were in the enrollment process as of August 31, 2018; and
 - ▶ 150 HCS slots for persons with IDD diverted from nursing facility admission. HHSC agreed to use attrition slots to support this category if the need for slots exceeded the allocation. HHSC used 141 attrition slots included in the following counts. HHSC approved 177 enrollments and an additional 65 were in the enrollment process as of August 31, 2018. This category includes, but is not limited to children.
 - ▶ HHSC is using attrition slots in the 2018-19 biennium to prevent institutionalization and assist people with IDD in crisis, for which specific HCS slots were not appropriated. HHSC has released attrition slots in the following categories:
 - ◇ Crisis/diversion from institutionalization. HHSC approved enrollment of 160 individuals with an additional 70 individuals in the enrollment process as of August 31, 2018. This category includes, but is not limited to children.
 - ◇ Children transitioning from a nursing facility. HHSC approved enrollment of 5 children with an additional 4 children in the enrollment process as of August 31, 2018.
- Additional activities benefiting individuals of all ages:
 - ▶ Ongoing implementation of Transition Support Teams services with selected LIDDAs, using funding initially appropriated by the 84th Legislature.
 - ▶ Contracting with eight LIDDAs to implement a three-year CMS grant to enhance medical, behavioral, and psychiatric supports and community coordination through local transition teams providing support services to other LIDDAs and program providers statewide. From September 1, 2017, to August 31, 2018, local transition teams:

- ◇ Provided 1,671 educational events attended by 11,284 participants, to increase expertise in supporting individuals;
- ◇ Offered 1,507 technical assistance events attended by 2,889 participants, on specific disorders and diseases and best practices for individuals with significant challenges; and
- ◇ Provided individualized assistance to 760 service planning teams.

Department of Family and Protective Services

- Child Protective Services worked with EveryChild, Inc., to find families for children in conservatorship residing in a DFPS General Residential Operation (GRO).
- Monitored completion of permanency plans developed by developmental disability specialists.
- Participated as an agency representative on groups administratively supported by HHSC.

Challenges

HHSC continues to collaborate with EveryChild, Inc., DFPS, the Legislature, and other stakeholders to transition children from institutional settings. Challenges to moving children from institutions include:

- Limitations in community capacity to serve children in non-institutional settings.
- Continued growth of interest lists for waiver programs.
- Limitations in data collection regarding children with IDD in DFPS Residential Treatment Centers impacting policy and service planning.
- The need for higher physical, medical, and/or behavioral supports for some children to live successfully in non-institutional settings.

7. Conclusion

Since 2002, systemic improvements have brought Texas closer to realizing the goal of family life for children. Although significant progress has been made in supporting family life for children with developmental disabilities as an alternative to institutions, challenges remain.

Children continue to benefit from access to HCS host home/companion care services, which allow children unable to live with their families to live with specially trained alternative families instead of in institutions.

Agencies continue to work collaboratively to increase the number of children who transition to a community setting and to achieve the ultimate goal of ensuring all children with a developmental disability live in a nurturing family environment.

List of Acronyms

Acronym	Full Name
CMS	Centers for Medicare and Medicaid Services
DADS	Department of Aging and Disability Services
DFPS	Department of Family and Protective Services
GRO	General Residential Option
H.B.	House Bill
HCS	Home and Community-based Services
HHSC	Health and Human Services Commission
ICF/IID	Intermediate Care Facility for Individuals with an Intellectual Disability or Related Conditions
ID	Intellectual Disability
LAR	Legally Authorized Representative
LIDDA	Local Intellectual and Developmental Disability Authority
LOS	Length of Stay
PPI	Permanency Planning Instrument
RFP	Request for Proposals
SSLC	State Supported Living Center