



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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1. Executive Summary

Texas Government Code, 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, 2020, 1,048 children were living in all types of institutions, representing a 34 percent decrease since permanency planning was implemented in 2002, or a 65 percent decrease if children served in the Home and Community-based Services waiver program (HCS) are excluded. Of the 1,048 children living in institutions:

- The majority (67 percent) were young adults, ages 18 to 21;
- More than half (58 percent) were in HCS;
- A relatively small number (7 percent) resided in a nursing facility; and
- The majority (96 percent) had a current permanency plan.

Specialized supports provided through Medicaid 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, 2019, to August 31, 2020, 67 children moved from institutions, with the majority moving to live with their families.

¹Institution 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. Section 531.151(3) of the Health and Human Services Government Code defines "institution" as follows: (A) an ICF-IID, as defined by Section 531.002, Health and Safety Code; (B) a group home operated under the authority of the commission, including a residential service provider under a Medicaid waiver program authorized under Section 1915(c) of the federal Social Security Act (42 U.S.C. Section 1396n), as amended, that provides services at a residence other than the child's home or agency foster home; (C) a nursing facility; (D) a general residential operation for children with an intellectual disability that is licensed by the commission; or (E) another residential arrangement other than a foster home as defined by Section 42.002, Human Resources Code, that provides care to four or more children who are unrelated to each other.

Since 2002, the Health and Human Services Commission's (HHSC) contractor, EveryChild, Inc.,² has worked with families on behalf of 672 children to move or divert from an institution.

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

2. 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 2020 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.

3. 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. The state's permanency planning policy in Section 531.152 is "...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 21 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; and
- 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 family;³ 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 fragile.⁴

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.

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

⁴ 40 TAC §9.167(a)(2)(C)(i)(II)

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 circumstances.⁵

⁵ 40 TAC §9.167(b)

4. 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, 2020.

Number of Children Residing in Institutions

Table 1 shows the total number of children living in institutions by institution type as of August 31, 2020.

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>

Table 1. Number of Children in Institutions, HHSC and DFPS Combined as of August 31, 2020

Institution Type	Ages Birth-17	Ages 18-21	Total
Nursing Facility	44	25	69
Small ICF/IID	27	129	156
Medium ICF/IID	3	16	19
Large ICF/IID	2	10	12
SSLC	35	104	139
HCS	189	419	608
DFPS-Licensed ID Institution	44	1	45
Total	344	704	1,048

Data shows 764 children (73 percent) resided in a setting with eight or fewer residents.⁷ Of those 764, 216 (28 percent) were minors and 548 (72 percent) were young adults ages 18 through 21, including 6 who were placed by DFPS.

Institutions with more than eight residents served 284 children (27 percent). Of those 284 children, 128 (45 percent) were minors, including 3 children under DFPS conservatorship and 156 (55 percent) were young adults, including 3 young adults placed by DFPS.

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.

Table 7, later in this report, 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.

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, 2020.

Figure 1. Age Distribution of Children, HHSC and DFPS Combined as of August 31, 2020

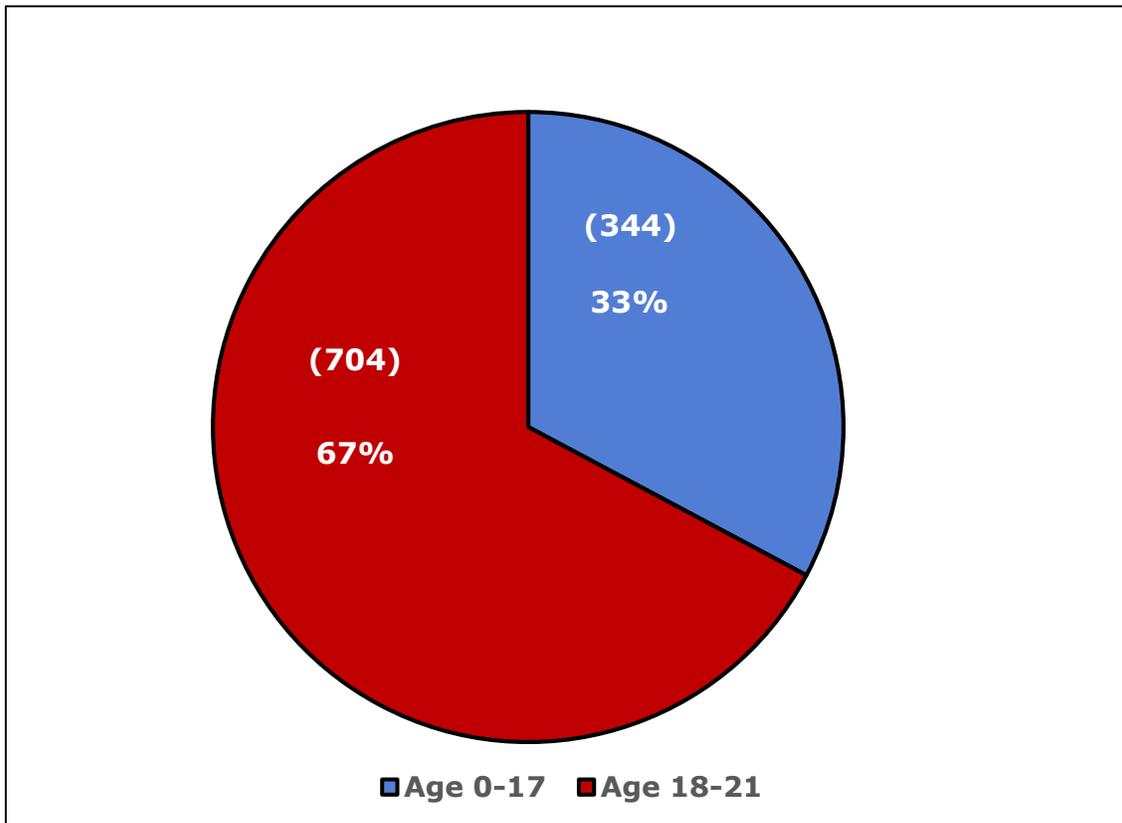


Figure 2, below, shows the number and percent of minors in institutions for HHSC and DFPS combined. The largest number of minors were 16–17 years of age.

Figure 2. Age Distribution of Minors in Institutions, HHSC and DFPS Combined as of August 31, 2020

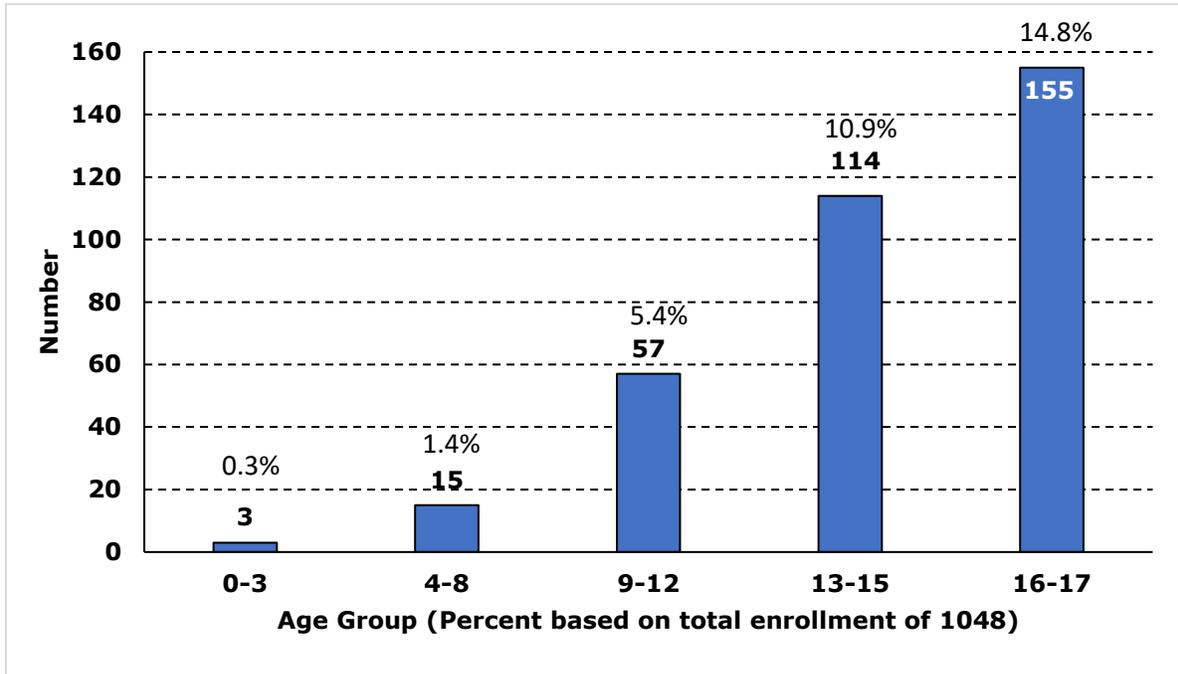


Figure 3, below, shows a higher percentage of young adults than minors in all institutions, except nursing facilities and DFPS-licensed ID institutions. Compared to all other institutions, there are more young adults in HCS, followed by small ICFs/IID.

Figure 3. Age of Children by Institution Type, HHSC and DFPS Combined as of August 31, 2020 Percent (and Number)

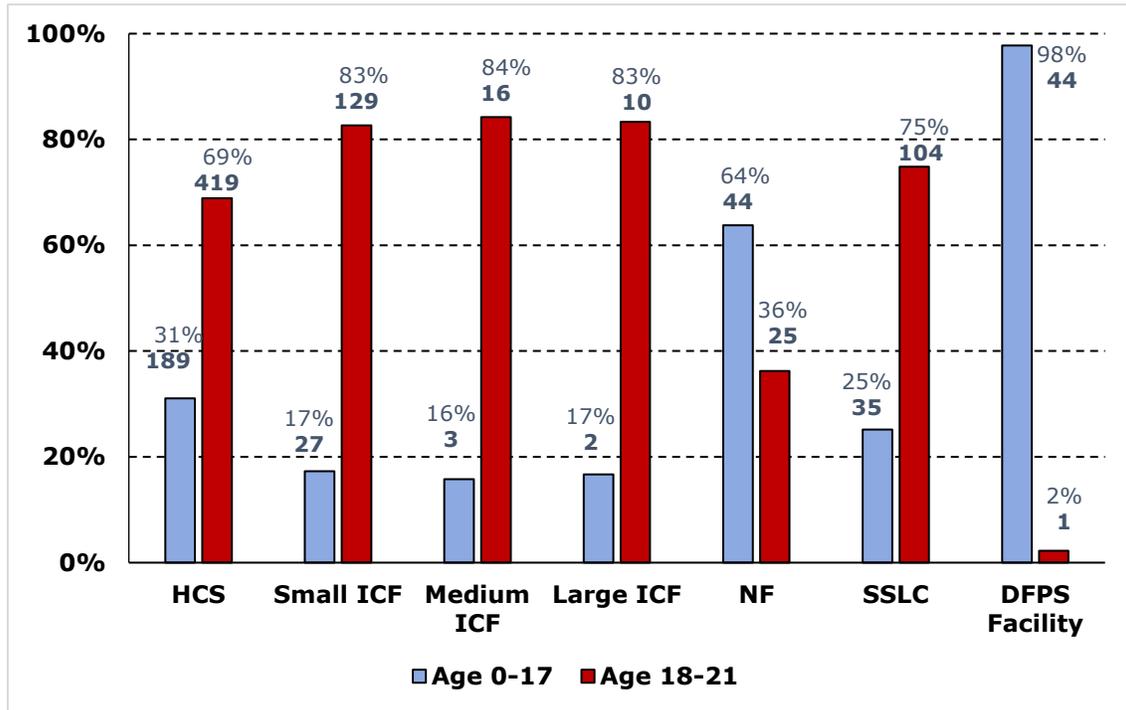


Figure 4, below, summarizes length of stay (LOS) in all institution types combined. The LOS was calculated using the date of the child’s most recent admission to the institution and the end of the reporting period if the child was still in the program on that date. As the figure shows, nearly half of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

Figure 4. Length of Stay in Institutions, HHSC and DFPS Combined as of August 31, 2020

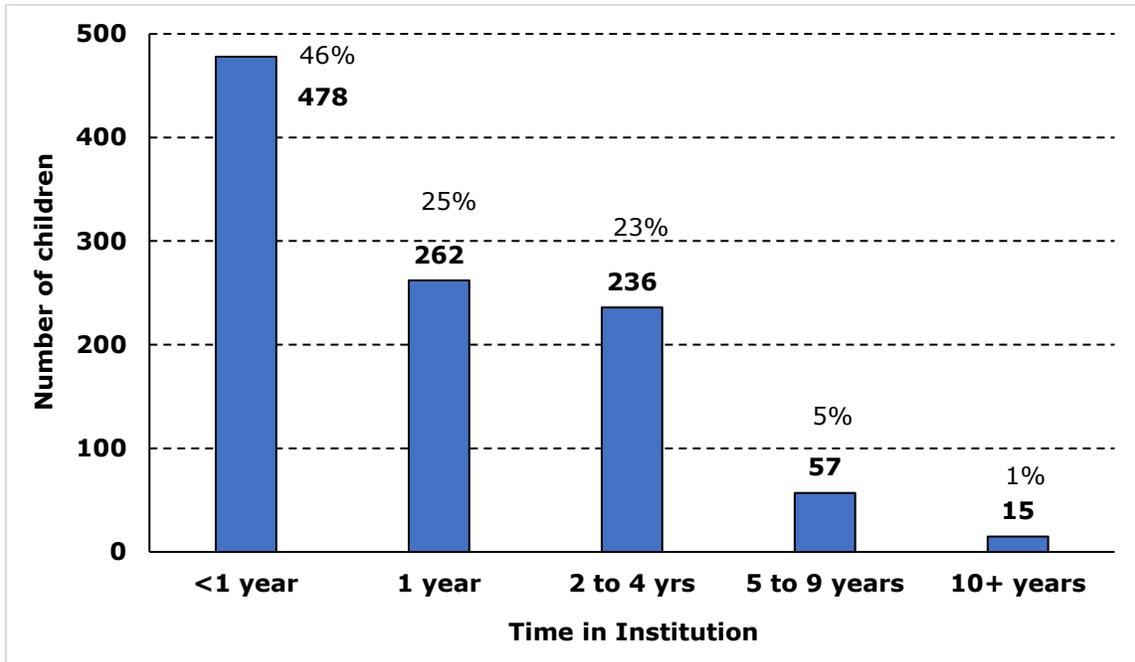
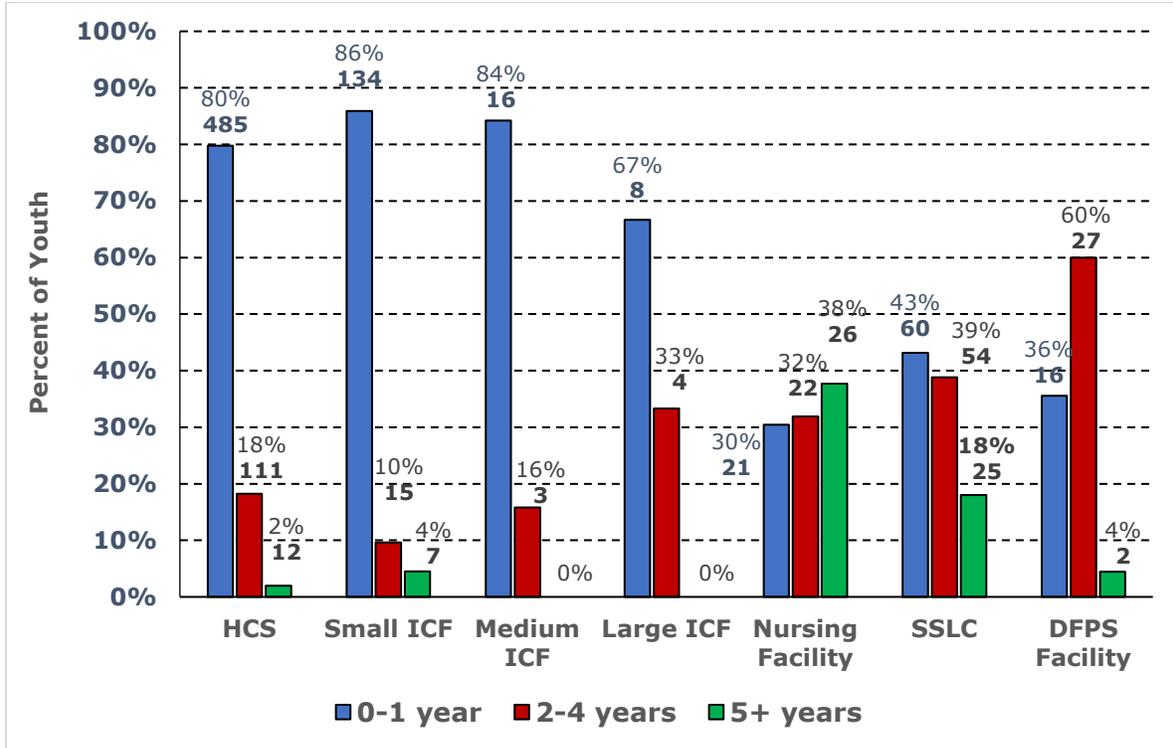


Figure 5, below, shows most children within each type of institution, except nursing facilities and DFPS facilities, had a LOS of 1 year or less in their current placement, with HCS having the most (485) and large ICFs/IID having the least (8). Nursing facilities served the largest number of children (26) with a LOS of five or more years. There were no children in large or medium 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, 2020 by Percent (and Number)



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/IID⁸	Service coordinators employed by local intellectual and developmental disability authorities (LIDDAs)
DFPS-licensed IDs	Developmental disability specialists
Nursing Facilities	EveryChild, Inc. staff

⁸ This includes SSLCs.

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 four 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, 2020

Institution Type	Number of Children in Institutions	Number of Plans Completed	Percentage of Plans Completed
Nursing Facility	69	69	100%
Small ICF/IID	156	142	91%
Medium ICF/IID	19	17	89%
Large ICF/IID	12	11	92%
SSLC	139	135	97%
HCS	608	588	97%
DFPS-Licensed ID Institution	45	43	96%
Total	1,048	1,005	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, 2020, 599 alternate families were actively associated with a provider.

Table 4 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 year, one-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, 2019 through August 31, 2020.

State Agency	Returned Home	Family-based Alternative	Own Home	Total
HHSC	30	21	1	52
DFPS	1	14	0	15
Total	31	35	1	67

Data source: Every Child, Inc.

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

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).

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 HCBS
Adaptive Aids	Yes	Yes	Yes	Yes	Yes	Yes
Behavioral Support	Yes	No	Yes	Yes	Yes	No
Community Support	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	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 HCBS
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

5. 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) decreased by 5.2 percent; and the number of children in all institution types excluding HCS decreased by five percent. Compared to August 31, 2002, the number of children in all institution types (including HCS) decreased by 34 percent, and the number of children in all institution types excluding HCS decreased by 65 percent.

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

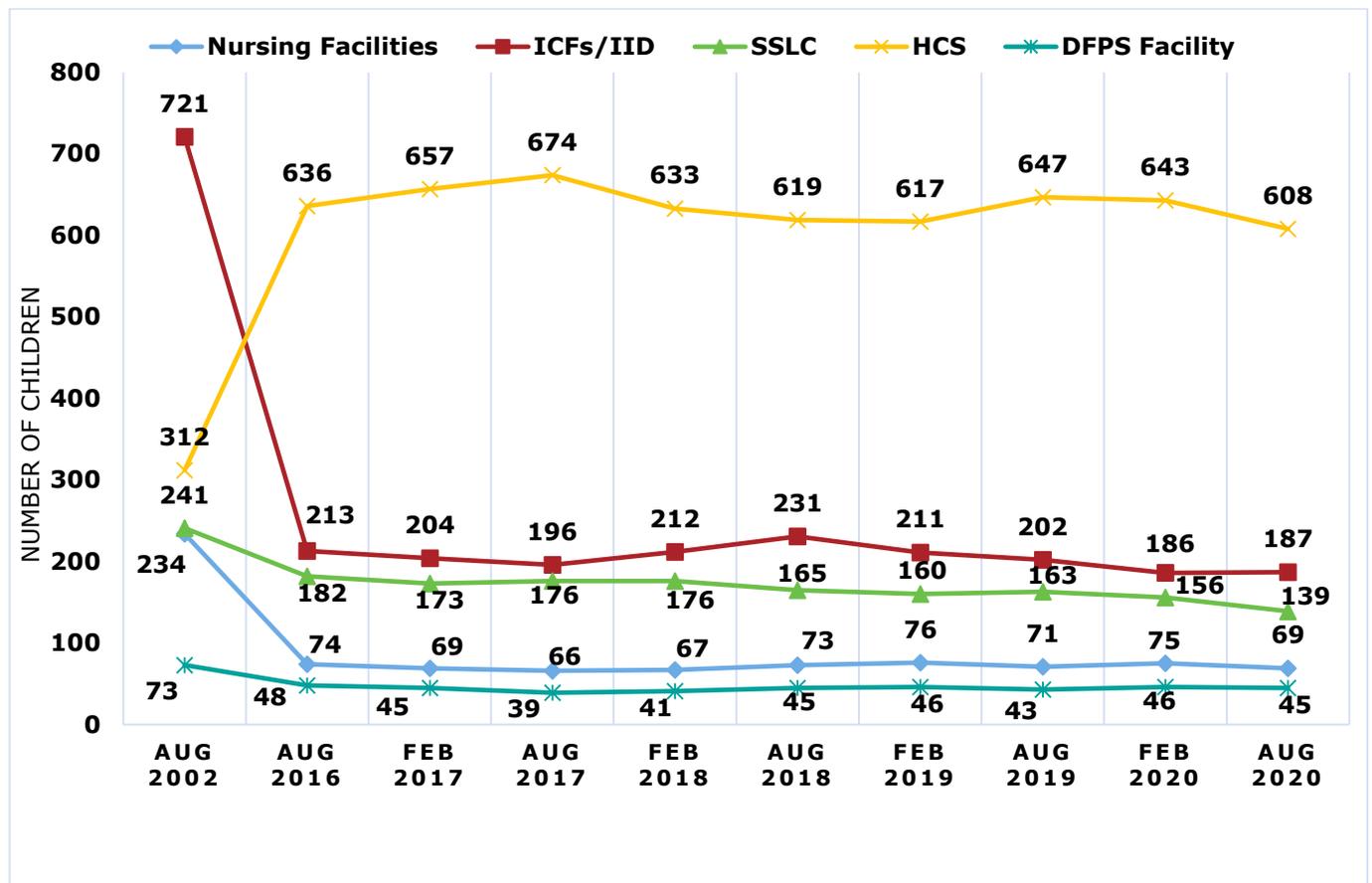
Institution Type	Baseline Number as of Aug. 31, 2002	Number as of Feb. 29, 2020	Number as of Aug. 31, 2020	Percentage Change Since August 2002	Percentage Change in Past 6 Months
Nursing Facilities	234	75	69	-71%	-8%
Small ICF/IID	418	153	156	-63%	2%
Medium ICF/IID	39	21	19	-51%	-10%
Large ICF/IID	264	12	12	-95%	0%
SSLC	241	156	139	-42%	-11%
HCS	312	643	608	95%	-5%

Institution Type	Baseline Number as of Aug. 31, 2002	Number as of Feb. 29, 2020	Number as of Aug. 31, 2020	Percentage Change Since August 2002	Percentage Change in Past 6 Months
DFPS-Licensed ID Institutions	73	46	45	-38%	-2%
Total	1,581	1,106	1,048	-34%	-5%
Total with HCS Excluded	1,269	463	440	-65%	-5%

Figure 6 displays trends from August 31, 2002, to August 31, 2020. 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 2020



6. 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:

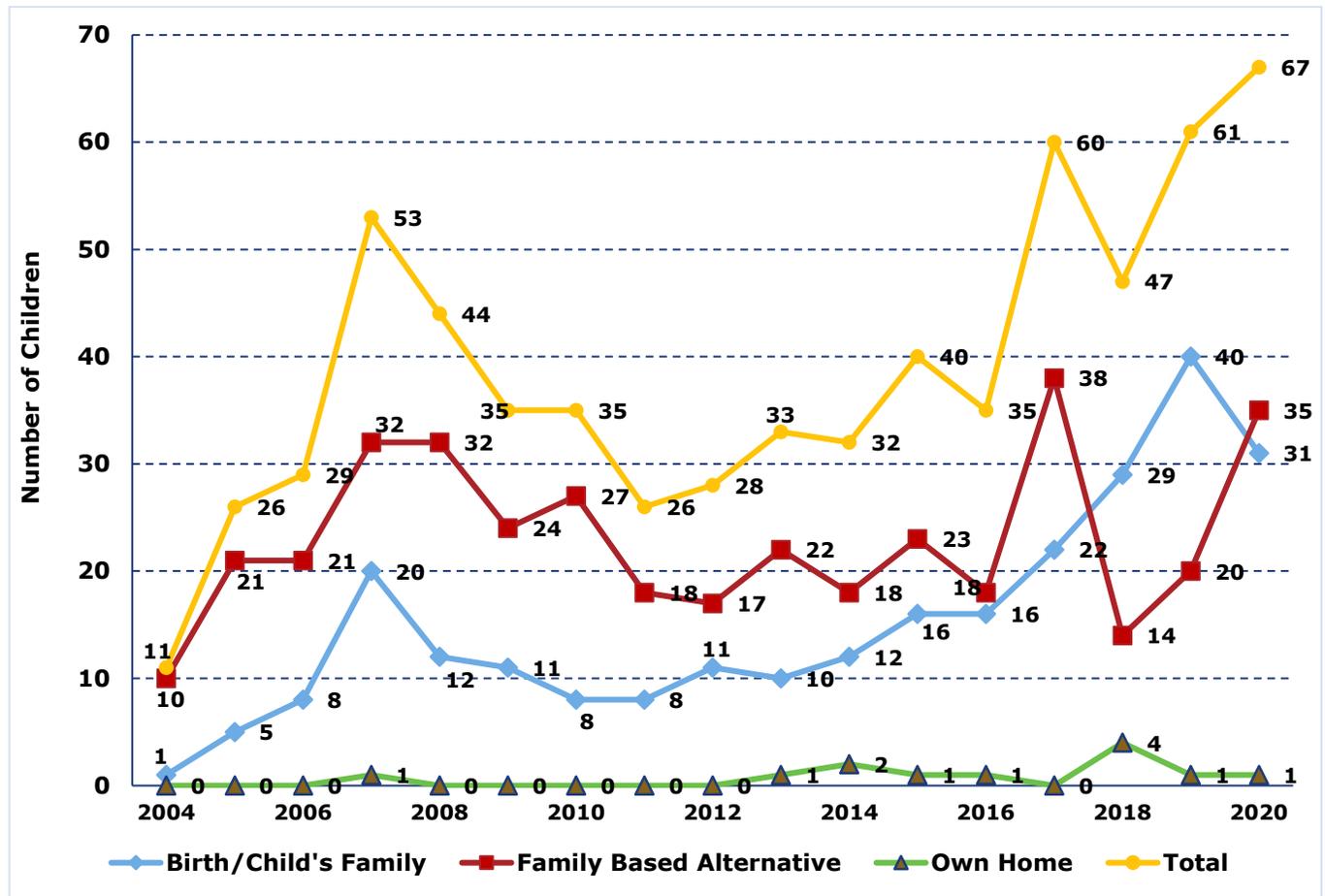
- Alternative families are recruited and trained to provide services for children;
- Children’s service needs and alternative families are comprehensively assessed to identify the most appropriate alternative families for possible placement of children;
- Children’s parents or LARs are provided information 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; and
- 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 twelve-month period ending August 31, 2020. This section describes contractor activities during fiscal year 2020 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 67 children from an institution in fiscal year 2020. Of the 67 children, 35 (52 percent) moved to a family-based alternative, 31 (46 percent) returned to their family, and one (1 percent) young adult moved to their own home.

Figure 7. Number of Children Assisted by EveryChild, Inc., by Placement/Diversion Activity as of August 31, 2020



The success of placements from 2019 to 2020 shown in Figure 7 was due to related factors including:

- Increased understanding of the role of EveryChild, Inc. by hospitals, community groups, managed care organizations, state agency staff and others in assisting children to live in families;
- Increased recognition of the feasibility of family life for children with significant challenges;
- Continuity in permanency planning staff at nursing facilities who have developed relationships with family members to help families imagine family life for their children;
- Family Community Resource Coordinators who understand the entire system and provide on-going technical assistance to providers, community

organizations, LIDDAs, state agency representatives, and Managed Care Organizations;

- Family Community Resource Coordinators who develop family-based alternatives for children, recruit support families, and develop transition plans;
- Increased referrals from providers, managed care organizations, LIDDAs, state hospitals, psychiatric hospitals, residential treatment centers, DFPS disability specialists, Children and Pregnant Women case managers, families, family organizations, and others for children at risk of facility admission due to crises;
- Families desiring their children remain at home with supports; and
- Increase in the number of families who, due to COVID-19, want their children home or in a family-based alternative instead of a congregate care facility.

Table 7 provides an overview of the contractor’s placement, diversion, and related activities during fiscal year 2020.

Table 7. EveryChild Achievements for Fiscal Year 2020

Activities Accomplished	To Birth/ Child’s Family	To Family-based Alternative	To Own Home	Total
Moved from an Institution	9	21	1	31
Diverted from Admission to an Institution	22	14	0	36
Total Moved or Diverted in FY 2020	31	35	1	67
In Transition to Family	9	3	0	12
Identification of an Alternate Family Underway	20	33	0	53
Total in Transition/ Exploration as of 8/31/2020	29	36	0	65

Table 8 and Figure 8 show the number of children the contractor assisted in fiscal year 2020 to move from or be diverted from institutions by type of facility. Of the 672 children assisted by EveryChild, Inc. since 2002, 437 (65 percent) resided in a large institution, while 70 resided in a small or medium facility and 165 were diverted.

Table 8. Number Assisted by EveryChild, Inc., by Size/Type of Institution as of August 31, 2020

Size of Institution	Type of Institution	Children Moved in FY 2020	Children Moved Since FY 2002
Large	Nursing Facility	12	218
Large	Community ICF/IID	0	69
Large	DFPS-Licensed ID Institution	7	112
Large	SSLC	0	12
Large	Other ¹²	9	26
Medium or Small	Community ICF/IID	0	30
Medium or Small	HCS	3	35
Medium or Small	DFPS Group Home ¹³	0	5
Diverted from Institution	N/A	36	165
Total	N/A	67	672

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.

Figure 8. Number of Children Assisted by EveryChild, Inc., by Facility Type since FY2002 as of August 31, 2020

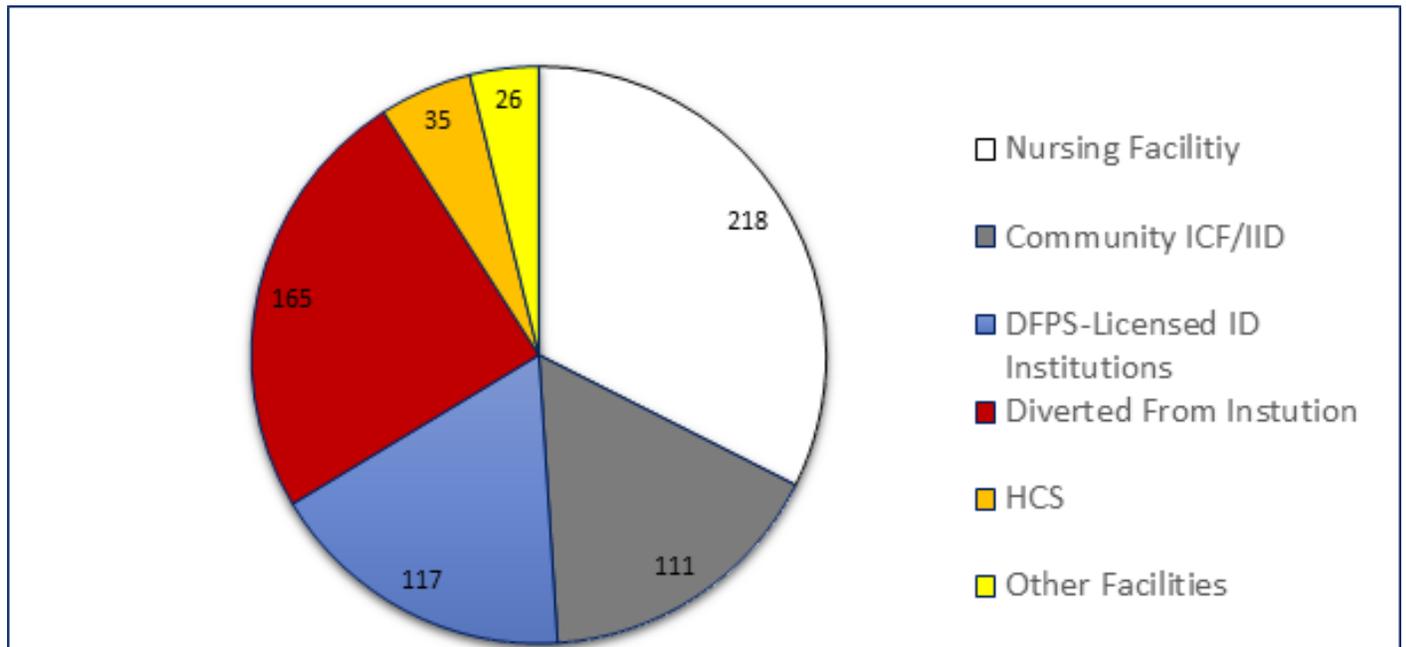
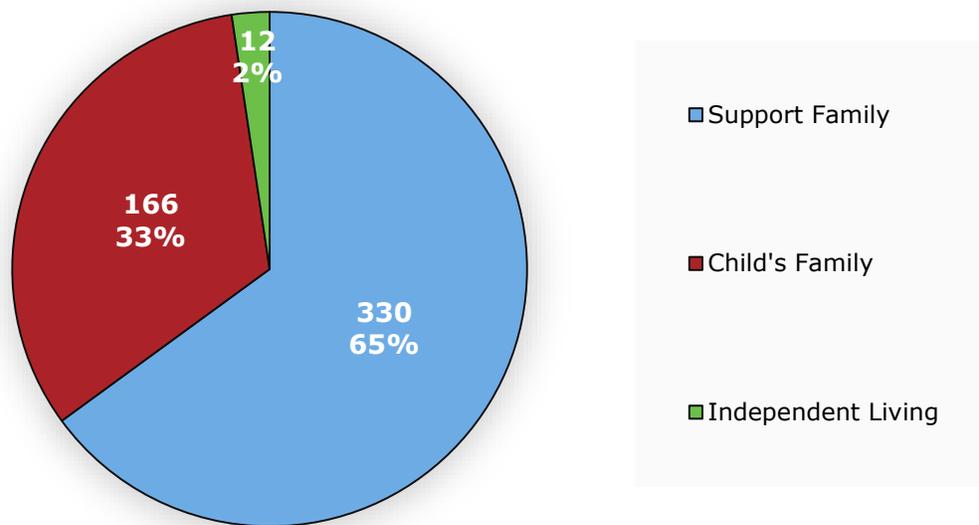


Figure 9 shows the number and percentage of children EveryChild, Inc. assisted since 2002 who have needed a family-based alternative in order to transition from a facility. Sixty-five percent of all children who moved from a facility needed a family-based alternative to living at home.

Figure 9. Percentage of Children Assisted by EveryChild to Transition from Facilities by Living Arrangement Needed as of August 31, 2020



EveryChild, Inc., collaborates with more than 325 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 2,144 potential alternate families and placed 398 children with Support Families or alternate families. They also assisted 12 young adults to live in their own homes and 262 children to return home or stay with their families. They have and continue to provide training, technical assistance, and consultation to Texas state agencies, LIDDAs, families, providers, managed care organizations, schools, parent organizations, advocacy groups, Court Appointed Special Advocates (CASAs), facilities, and other community organizations.

Table 9 provides an overview of movement activities with providers by funding source for fiscal year 2020 and from August 2002 through August 31, 2020, with the final column representing the total number of children moved from August 2002 through August 31, 2020.

Table 9. Funding Source by Setting for Children Who Moved with Family Based Alternatives Contractor Assistance

Funding Source (State Agency)	To Child's Family FY20	To Family-based Alternative FY20	To Own Home FY20	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	0	0	0	8	0	2	10
CLASS (HHSC/ DADS)	0	0	0	31	5	4	40
HCS (HHSC/ DADS)	28	35	1	163	360	4	591
MDCP (HHSC/ DADS)	1	0	0	36	1	0	38
Title IV Foster Care (DFPS)	0	0	0	0	31	0	31

¹⁴ Terminated effective September 1, 2014.

Funding Source (State Agency)	To Child's Family FY20	To Family-based Alternative FY20	To Own Home FY20	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
YES Waiver	1	0	0	2	0	0	3
Other/Non-Waiver (Medicaid or other funding)	1	0	0	22	1	2	26
Total	31	35	1	262	398	12	739

7. System Improvement and Challenges

Since 2002, the number of children in institutions serving more than four persons has been decreasing, including a 95 percent decrease in large ICFs/IID, a 71 percent decrease in nursing facilities, and a 65 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:

- Focus of responsibility for creation of family-based alternatives assigned to HHSC family-based alternative contractor;
- Expansion of family-based alternatives through coordinated efforts by the contractor and waiver program providers;
- Funding of family-alternatives through HCS host home/companion care services;
- Reserved capacity in the HCS waiver program for transition from facilities and diversion of children at risk;¹⁵
- Specialized services, including high medical needs supports and community-based crisis support services, and
- Funding of Promoting Independence waivers.

System Improvement Activities

During the current reporting period, HHSC, DFPS, EveryChild, Inc., and LIDDA representatives continued to collaborate to improve permanency planning and the continued development of a system of family-based alternatives to the institutionalization of children. A selection of key activities is highlighted below.¹⁶

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.

- 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, namely STAR Kids.
- Provided key policy, programmatic, leadership, and administrative support to child-focused groups, including the Policy Council for Children and Families, STAR Kids Managed Care Advisory Committee, the Promoting Independence Workgroup, the Intellectual and Developmental Disabilities Systems Redesign Advisory Committee, and the Child Protection Roundtable.
- Provided input to the Texas IDD Strategic Plan regarding the needs of children with disabilities and their families.
- Released HCS slots appropriated by the 2020-21 General Appropriations Act, House Bill 1, 86th Legislature, Regular Session, 2019 (Article II, Health and Human Services Commission, Rider 20), which included the following from September 1, 2019 through August 31, 2021:
 - ▶ 1,320 HCS slots appropriated for statewide reduction of the HCS interest list.
 - ▶ HHSC has released 1,851 slots. 509 enrollments have been approved and additional 949 were in the process of enrollment as of August 31, 2020. This category includes, but is not limited to, children.
 - ▶ HHSC used attrition slots in the biennium for the following HCS targeted groups, listed in Rider 20:
 - ◇ HHSC has released 58 slots for persons moving out of large, medium, and small ICFs/IID. 41 enrollments have been approved and an additional 15 were in the enrollment process as of August 31, 2020. This category includes, but is not limited to children;
 - ◇ HHSC has released 99 slots for children aging out of foster care. Of those, HHSC approved enrollment of 66 children and an additional 32 children were in the process of enrollment as of August 31, 2020; and
 - ◇ HHSC has released 138 slots for persons with IDD diverted from nursing facility admission. Of those released, HHSC approved 77 enrollments and an additional 48 were in the enrollment process as of August 31, 2020. This category includes but is not limited to children.
 - ◇ HHSC has released 432 slots to prevent institutionalization and assist people with IDD in crisis. Included in this category were children in both DFPS General Residential Operation (GRO) and children in CPS Custody. HHSC released attrition slots in the following categories:
 - HHSC has released 385 crisis/diversion from institutionalization slots. Of those, HHSC approved enrollment of 247 individuals with an additional 126

individuals in the enrollment process as of August 31, 2020. This category includes but is not limited to children. Crisis/diversion slots continue to be released after August 31, 2020.

- HHSC has released 47 slots for children transitioning from a nursing facility. Of those, HHSC approved enrollment of 3 children with an additional 4 children in the enrollment process as of August 31, 2020. Slots for children transitioning from a nursing facility continue to be released after August 31, 2020. (Note: EveryChild, Inc. assisted 12 children to move from nursing facilities to families during the past fiscal year using HCS slots designated for children, Preadmission Screening and Resident Review (PASRR) for those who were 21 (under 22), HCS for children suspended from HCS for long periods of time, and other waivers.) The number of HCS slots released in a category is not reflective of the number of children moved.
- 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, 2019, to August 31, 2020, local transition teams:
 - Provided 831 educational opportunities attended by 6,927 participants, to increase expertise in supporting individuals.
 - Offered 2,221 technical assistance opportunities attended by 5,497 participants, on specific disorders and diseases, and best practices for individuals with significant challenges.
 - Provided 1,196 peer review/case consultations to 3,903 participants, which consisted of individualized assistance on specific cases.
- Trained and collaborated with the STAR Kids managed care organizations to identify children at imminent risk of facility admission as well as training of SSLC transition specialists and CASAs on family-based alternatives for children.

- \$5.9 million in funds were appropriated for services to individuals with high medical needs to implement a daily add-on rate for small and medium ICF/IID providers to serve individuals with high medical needs transitioning from an SSLC or a nursing facility.¹⁷ These funds were also appropriated for three new ICF/IID homes specifically for individuals with high medical needs.
- The first six-bed high medical need home opened in April 2018 and remains fully occupied. The second home is now ready to accept individuals with high medical needs; however, no transfers have been scheduled due to COVID-19.

Department of Family and Protective Services

- Child Protective Services worked with EveryChild, Inc., to find families for children in conservatorship residing in a DFPS GRO, children aging out of care, and children residing in Residential Treatment Facilities.
- 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 support children with significant behavioral support needs;
- 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;
- Limitations in out-of-home crisis respite options for children while developing long term options; and

¹⁷ On August 31, 2016, the rules were expanded to include add on rates for any ICF/IID facility that was set for individuals meeting the high medical needs criteria, leaving an SSLC or nursing facility. The rate was set and implemented into the Texas Medicaid and Health Partnership system. At this time, there have been no referrals for assessments for ICF/IID facilities that are not part of the high medical needs facilities. There have been no requests for assessments by anyone living in a nursing facility.

- The need for higher physical, medical, and/or behavioral supports for some children to live successfully in non-institutional settings.

8. 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