



Permanency Planning and Family-Based Alternatives Report

**As Required By
Senate Bill 368, 77th Legislature, Regular Session, 2001**

**Texas Department of Aging and Disability Services
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1. Executive Summary

Senate Bill 368 (S.B. 368), 77th Legislature, Regular Session, 2001, amended the Texas Government Code requiring permanency planning for Texas children living in an institution:

- *Permanency planning* refers to 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.
- *Children* is defined as individuals under the age of 22.
- *Institution* means long-term residential settings that serve from three to several hundred residents.

Following passage of S.B. 368, the State implemented permanency planning for children in institutions, which are defined to include Home and Community-based Services (HCS) group homes serving no more than four residents. As of August 31, 2015, 144 children were living in all institutions, representing a 28 percent decrease since permanency planning was first implemented in 2002. Excluding children served in HCS, the decrease was 61 percent. Of the 1,144 children:

- the majority (68 percent) were young adults, ages 18 to 21;
- more than half (57 percent) were in HCS;
- a relatively small number (5 percent) resided in a nursing facility; and
- the majority (94 percent) had a current permanency plan.

Between March 1, 2015, and August 31, 2015, 114 children moved from institutions. Of the 114, the majority of children (59 percent) moved to a family-based alternative (FBA), with the remainder returning home to live with the birth family. Most of the 114 children benefitted from the specialized supports offered in one of several 1915(c) waiver programs that serve as an alternative to an institution, with the HCS waiver program selected most often. This is attributed to the availability of HCS program services and the HCS service array which includes “host home/companion care” through which a child can live in a family-like setting (i.e., FBA).

In accordance with the Government Code, the Health and Human Services Commission (HHSC) contracted with an organization to develop and implement a “system under which a child who cannot reside with the child’s birth family may receive necessary services in an FBA instead of an institution.” During the past year, the State’s contractor, EveryChild, worked with families on behalf of 40 children who moved from an institution. Since 2002, EveryChild has worked with families on behalf of more than 400 children.

The State’s progress in permanency planning is attributed to systemic changes, improvements, and coordinated efforts by HHSC, the Department of Aging and Disability Services (DADS), the Department of Family and Protective Services (DFPS), EveryChild, and numerous partners throughout the system. Continuing efforts are needed to ensure that all children with a developmental disability are given the opportunity to live in a nurturing family environment.

2. Introduction and Purpose

S.B. 368, amended Section 531.162 of the Texas Government Code (TGC) by requiring permanency planning for Texas children living in an institution. The TGC describes permanency planning as the state's policy "...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. The 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 the statutory definition of "institution," permanency planning applies to individuals under 22 years of age residing in:

- 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 DFPS.

To achieve transitions from those institutions to family life, the TGC recognizes two options for a child, to return to the birth family or move to an FBA, which is 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. While permanency planning for minor children focuses on family life, permanency planning for young adults (ages 18-21 years of age) acknowledges that another community living arrangement (e.g., one's own home or apartment) may be a more appropriate and adult-oriented goal toward independence. The planning process also recognizes that permanency goals may change over time, as a result of a parent or legally authorized representative (LAR) whose perspective changes following fuller exploration, exposure to alternatives, or changes in family circumstances.

The TGC requires submission of a semiannual report to the governor and committees of each house of the Legislature with primary oversight jurisdiction over health and human services agencies on 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.

HHSC submitted the first report in December 2002, followed by updates every six months. Effective December 1, 2015, HHSC delegated responsibility for the semiannual report to DADS.

The current report is based on data for the six-month period beginning March 1, 2015, and ending August 31, 2015. It includes cumulative data since 2002 and other relevant historical information for evaluative purposes.

The TGC also requires the State to report annually to the Legislature on the development and implementation of the FBA system, including the number of children placed in an FBA during the preceding year or waiting for an available placement in an FBA, and the number of alternative families trained and available to accept placement of a child under the system. As such, this report includes a summary of EveryChild's activities and accomplishments in fiscal year 2015.

3. Permanency Planning Report

Permanency planning, as a philosophy, refers to the goal of family life for children. The permanency planning process refers to the development of strategies and marshalling of resources to reunite a child with his or her own family or achieve permanent placement with an alternate family. The process involves families and children to help identify options and develop services and supports necessary for the child to live in a family setting. The Permanency Planning Instrument (PPI) captures the status of a child’s permanency plan at the time of a semiannual review. The following information is based on aggregate data from PPIs completed March 1, 2015, through August 31, 2015.

3.1 Total Number of Children Residing in Institutions

Table 1 shows the number of children living in institutions as of August 31, 2015. Of the 1,144 children, 32 percent (369) were 17 years of age or younger and 68 percent (775) were young adults (ages 18 through 21).

**Table 1: Number of Children in Institutions, DADS and DFPS Combined
As of August 31, 2015**

Institution Type	Ages 0 - 17	Ages 18 - 21	Total
Nursing Facility	39	26	65
Small ICF/IID	30	124	154
Medium ICF/IID	4	41	45
Large ICF/IID	2	18	20
SSLC	81	95	176
HCS	184	468	652
DFPS-Licensed ID Institution	29	3	32
Total	369	775	1,144

The TGC defines institutions to include small ICFs/IID, which are group homes licensed to serve up to 8 residents, and HCS, which represents small group homes serving up to 4 residents. In combining those categories, the data reveals that over 70 percent (806) of all children resided in a setting with eight or fewer residents. Of those 806 children, almost 27 percent (214) were minor children, including 34 under DFPS conservatorship, and 73 percent (592) were young adults (ages 18 through 21), including 11 who were placed by DFPS.

Institutions with more than 8 residents served 30 percent (338) of all children. Of those 338 children, 46 percent (155) were minors, including one child under DFPS conservatorship in a nursing facility, and 54 percent (183) were young adults.

3.2 Circumstances of Children Residing in Institutions

The following charts provide summary information on children residing in institutions. As shown in Chart 1, the majority were young adults as of August 31, 2015. Additional detail is available upon request to DADS.

Chart 1: Age Distribution of Children, DADS and DFPS Combined, as of August 31, 2015

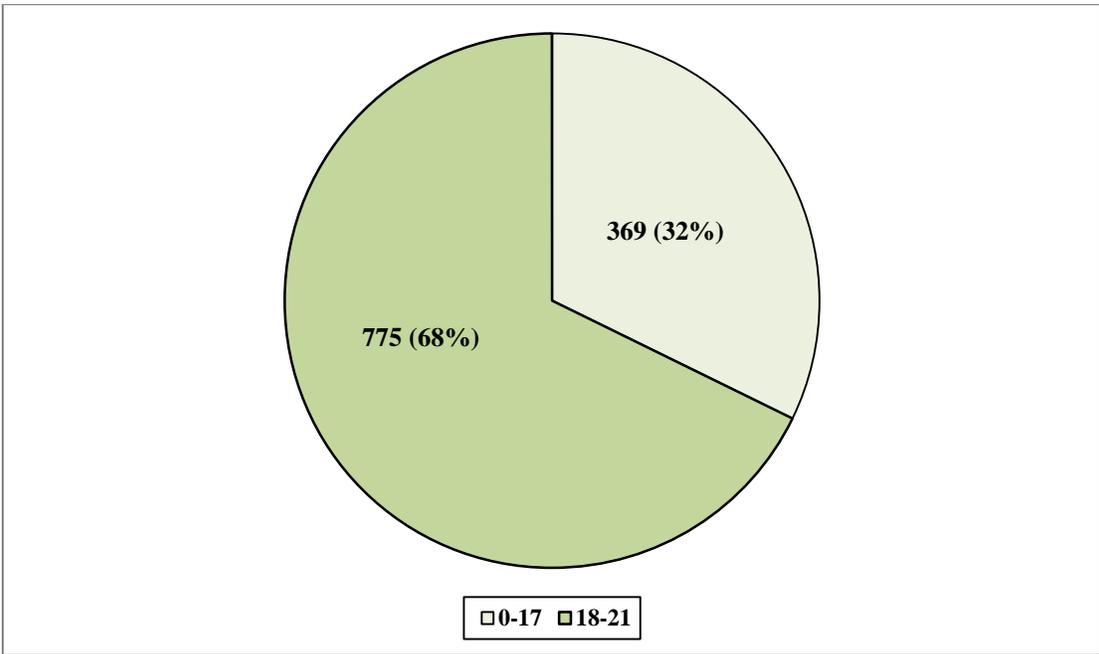
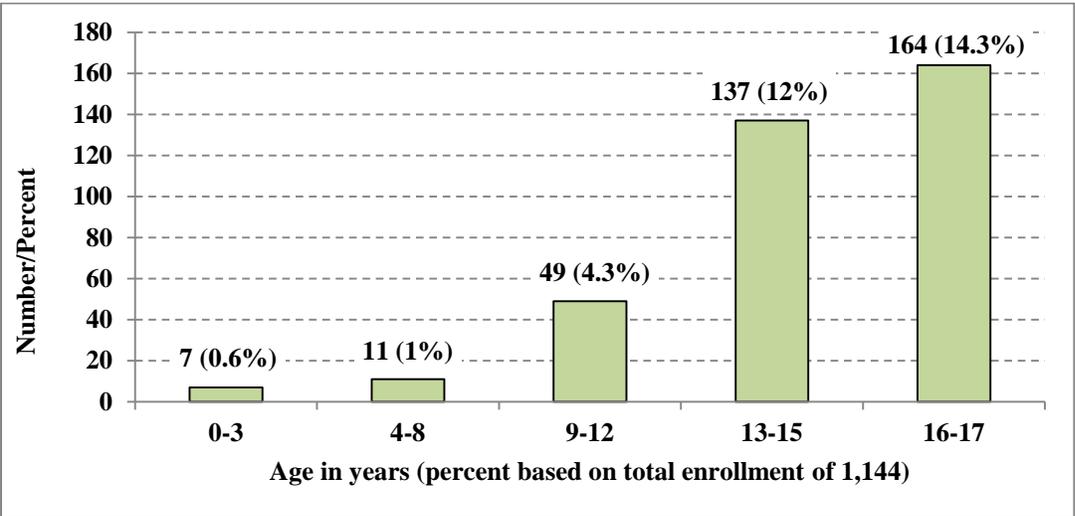


Chart 2 shows the number and percent of minor children in institutions, DADS and DFPS combined. As the chart shows, 14 percent of children were 16 to 17 years of age, followed by 12 percent who were 13 to 15 years of age, and 6 percent who were 12 years of age or younger.

Chart 2: Age Distribution of Minor Children in Institutions, DADS and DFPS Combined as of August 31, 2015



As shown in Chart 3, there were more young adults than minor children in all institutions, except nursing facilities and DFPS-licensed ID institutions. Compared to all other institutions, the percentage of adults in community ICFs/IID was the highest, ranging from 81 percent for small ICFs/IID to 91 percent for medium ICFs/IID.

In DFPS-licensed ID institutions, there were significantly more minor children (almost 91 percent) than young adults. Nursing facilities also served more minor children (60 percent) than young adults.

Chart 3: Age of Children by Institution Type, DADS and DFPS Combined as of August 31, 2015

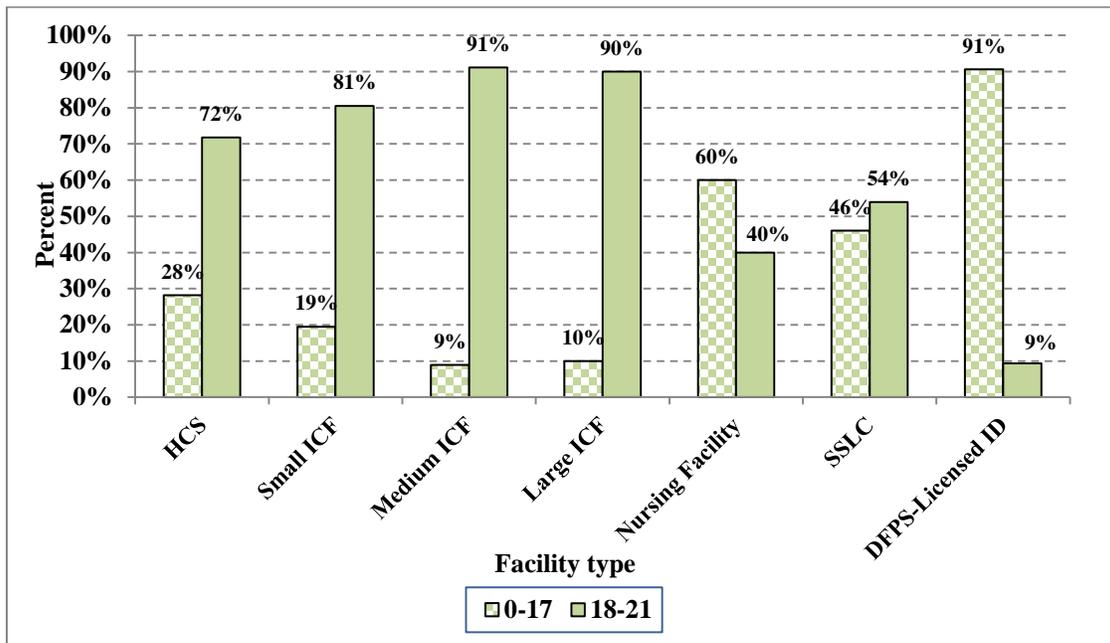
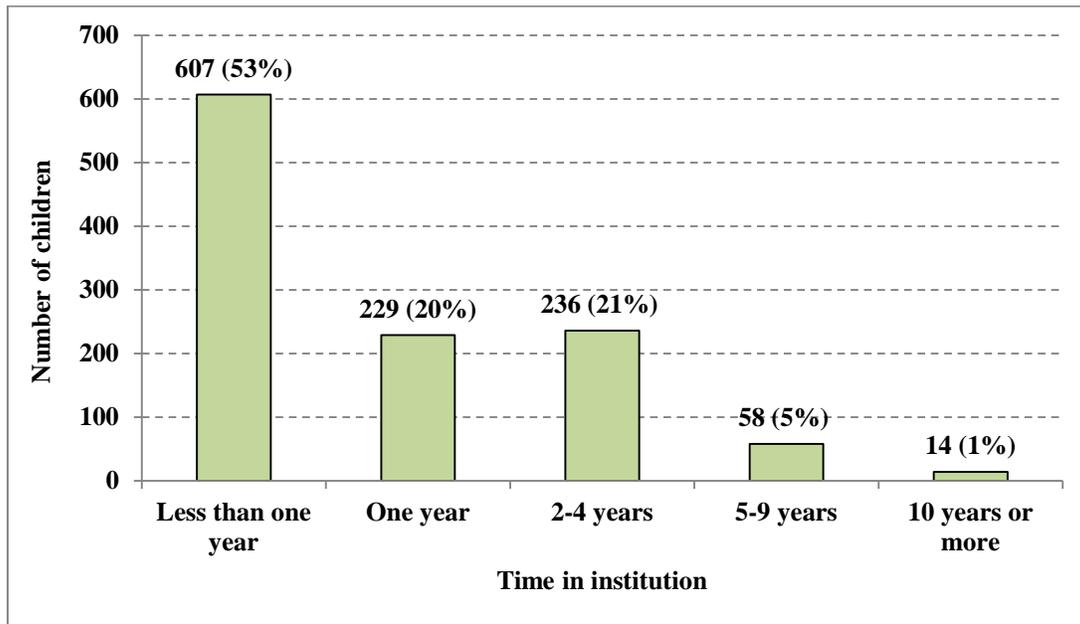


Chart 4 summarizes children’s lengths of stay (LOS) in all institution types combined. A child’s LOS is based on the date of the child’s most recent admission to the institution in which he or she resided on August 31, 2015.

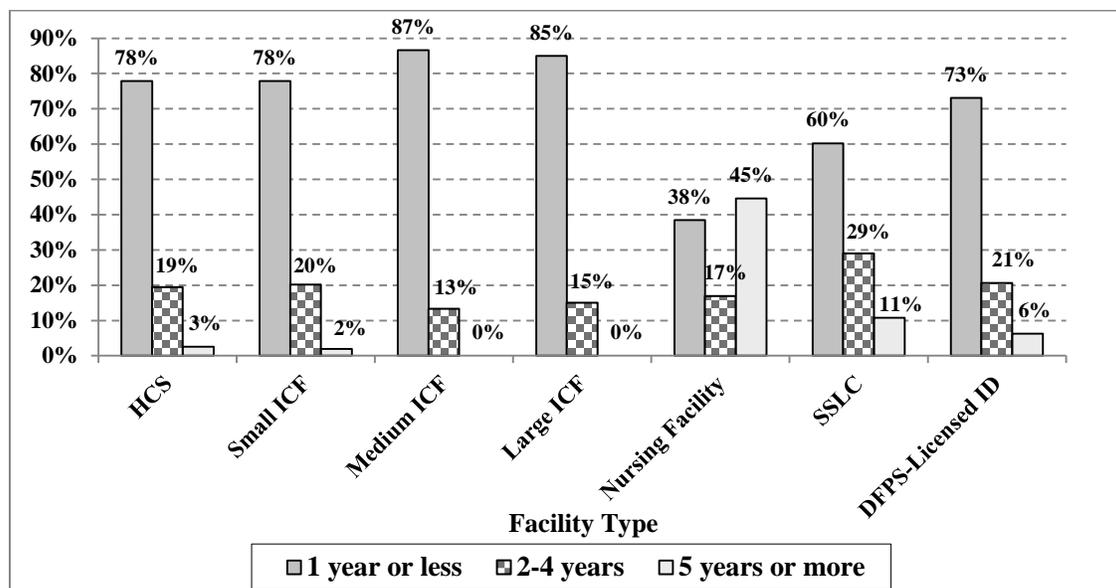
As the chart shows, the majority of children (53 percent) had resided in their institution for less than 1 year. The relatively high percentage is believed to be primarily a function of movement between institution types (e.g., from ICF/IID to HCS) and not new admissions. As of August 31, 2015, 20 percent of children had resided in their institution for 1 year and 21 percent for 2 to 4 years. The remaining 6 percent had a LOS of 5 years or more.

Chart 4: Length of Stay in Institutions, DADS and DFPS Combined, as of August 31, 2015



As shown in Chart 5, within each institution type, the percentage of children with LOS of 1 year or less was the highest in medium ICFs/IID (87 percent), followed by large ICFs/IID (85 percent), small ICFs/IID and HCS (both 78 percent), DFPS-licensed ID institutions (73 percent), and SSLCs (60 percent). Nursing facilities served the largest percentage of children (45 percent) with LOS of 5 or more years.

Chart 5: Length of Stay in Years by Type of Institution as of August 31, 2015



3.3 Permanency Plans Developed for Children in Institutions

The TGC requires the State to ensure that children in institutions have permanency plans developed and updated semiannually.

The State has assigned responsibility based on where children reside:

- service coordinators employed by local intellectual and developmental disability authorities (LIDDAs) conduct permanency planning for children in HCS and ICFs/IID (including SSLCs);
- developmental disability specialists are responsible for plans of children in DFPS-licensed ID institutions; and
- EveryChild is responsible for plans of children in nursing facilities.

Table 2 reflects the number of children for whom a permanency plan date occurring within the reporting period had been entered into the applicable automation system. Data indicate that plans had been completed for the vast majority of children (94 percent). The number of children without a permanency plan is attributed to a combination of delayed data entries for completed plans and children whose admission date was on or immediately before August 31, 2015, the last day of the current reporting period.

Table 2: Permanency Plans Completed as of August 31, 2015

Institution Type	Number of Children Residing in Institutions	Number of Permanency Plans Completed	Percentage of Permanency Plans Completed
Nursing Facility	65	47	72%
Small ICF/IID	154	141	93%
Medium ICF/IID	45	42	93%
Large ICF/IID	20	18	90%
SSLC	176	161	91%
HCS	652	636	98%
DFPS-Licensed ID Institution	32	29	91%
Total	1,144	1,074	94%

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

The TGC 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 (e.g., return to birth family). While every effort is made to encourage reunification of children with birth families, families or LARs are sometimes unable to bring the child home. In those situations, the preferred alternative for a child may be an FBA.

HHSC, DADS, DFPS, EveryChild, and their partners, which include waiver program providers, child placement agencies, and others, have continued working together to enable children in institutions to move back home or to an FBA. Table 3 shows that of the 114 children who left an institution during the past 6 months, the majority (59 percent) moved to an FBA.

Table 3: Children Returned Home or Moved to a Family-Based Alternative as of August 31, 2015

Agency	Returned Home	Family-Based Alternative	Total
DADS	26	45	71
DFPS	21	22	43
Total	47	67	114

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

Children who return home or move to an FBA often require specialized community supports that are identified during the permanency planning process. Examples of specialized supports include architectural modifications, behavioral intervention, mental health services, durable medical equipment, personal assistance, and specialized therapies.

The supports needed by a child and his or her family or LAR vary not only by type, but also in frequency and intensity. The supports can be provided through a variety of ways, depending on the needs of a child and the family or LAR, and the setting to which the child moves.

The supports needed by children who moved from an institution were met through a combination of Medicaid and a Medicaid waiver program. Table 4 shows the service array of waiver programs as of August 31, 2015. The services available in a given waiver program are subject to change based on legislative direction and approval by the Centers for Medicare and Medicaid Services (CMS).

Although all of the services in Table 4 have been necessary and used by one or more children leaving an institution, one service in particular stands out. Within the HCS program, “host home/companion care” and the associated reimbursement rate provide children the opportunity to live with a family when the birth family is not an option.

Table 4: Medicaid Waiver Services

Specialized Supports	HCS	Medically Dependent Children Program (MDCP)	Community Living Assistance and Support Services (CLASS)	Deaf Blind with Multiple Disabilities	Texas Home Living	STAR+ PLUS
Adaptive Aids	Yes	Yes	Yes	Yes	Yes	Yes
Home Modification Repairs	Yes	Yes	Yes	Yes	Yes	Yes
Respite	Yes	Yes	Yes	Yes	Yes	Yes
Supported Employment	Yes	Yes	Yes	Yes	Yes	Yes
Dental	Yes	No	Yes	Yes	Yes	Yes
Nursing	Yes	No	Yes	Yes	Yes	Yes
Professional Therapies	Yes	No	Yes	Yes	Yes	Yes
Supported Home Living	Yes	No	No	No	No	No
Flexible Family Support	No	Yes	No	No	No	No
Host Home/ Companion Care	Yes	No	Yes	No	No	No
Community Support Services	No	No	No	No	Yes	No
Residential Habilitation	No	No	Yes	Yes	No	No
Day Habilitation	Yes	No	No	Yes	Yes	No
Transition Assistance Services	Yes	Yes	Yes	Yes	Yes	Yes
Behavioral Support	Yes	No	Yes	Yes	Yes	No

3.6 Community Supports Unavailable but Necessary to Transition from Institutions

Specialized supports are identified in the PPIs, but not all children can access waiver programs. Waiver program interest lists are long, and there are a limited number of waiver “slots” appropriated for persons on the interest lists.

The HCS waiver has a unique feature called “reserve capacity,” which was created at the direction of the Legislature and approved by CMS. Reserve capacity allows a member of a “target group” to bypass the HCS interest list. An example of a target group is children in crisis and at risk of admission to an SSLC. Another is children at risk of nursing facility admission. Although funding for both target groups has increased over time, the amount of funding has not always been sufficient to prevent admission of all children to those settings.

After a child enrolls in a waiver, waiver services alone may be insufficient to sustain community living. Waiver programs include cost caps and other stipulations intended to strike a balance between demand and need, and not all programs offer the services needed to enable a child to live with an alternate family. Also, even though a certain waiver service may be available, there may be limitations. For example, behavioral supports may be available, but not at the level required by a child with high needs, or a child may not have access to appropriately trained and qualified professionals due to where the child lives (e.g., in a rural area).

4. Summary and Trend Data

Significant progress has been made since legislation was first introduced in 2001. Longitudinal data demonstrate the success of permanency planning, with the number of children moving from institutions to smaller family-like settings (i.e., the family home or an FBA) continuing to increase.

Table 5 provides the number of children residing in institutions at 3 points in time, with the percentage of change.

The number of children in all institution types combined declined by 2 percent in the previous six months, which ended on August 31, 2015, and by 28 percent since 2002.

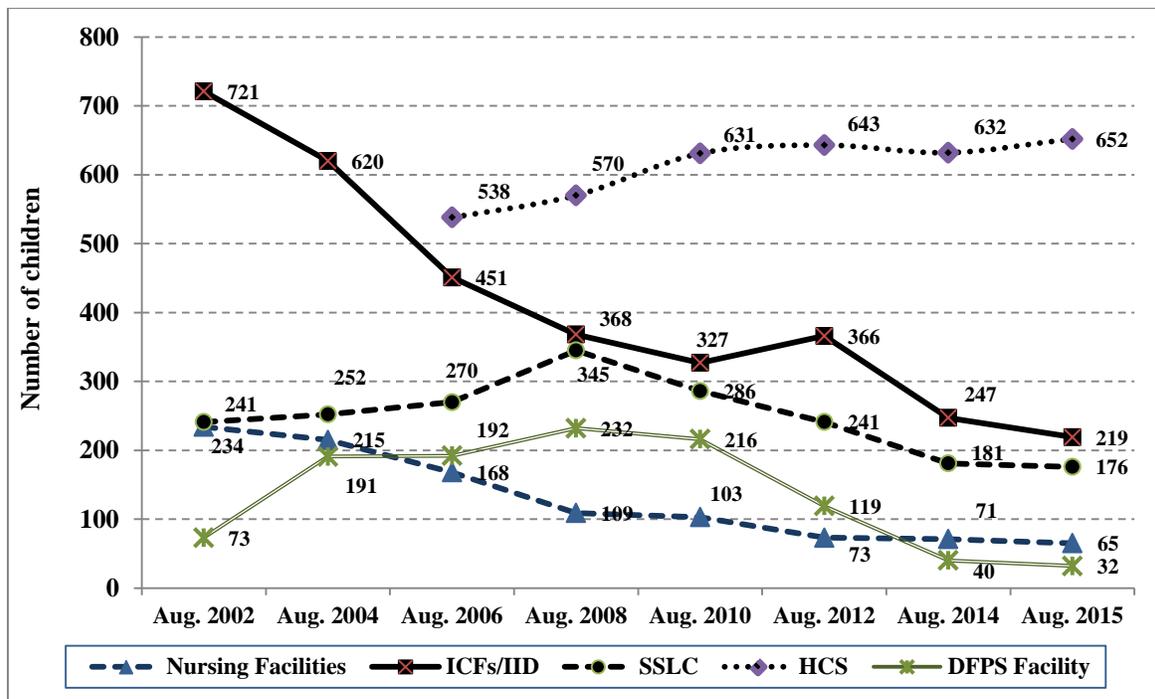
Excluding HCS (i.e., residential settings that serve no more than 4 persons) the number of children in all other institution types combined declined by 9 percent in the previous 6 months and by 61 percent since 2002.

Table 5: Trends in the Number of Children by Institution, DADS and DFPS Combined

Institution Type	Baseline Number as of 8/31/02	Number as of 2/28/2015	Number as of 8/31/2015	Percent change since August 2002	Percent Change in Past Six Months
Nursing Facilities	234	71	65	-72%	-8%
Small ICFs/IID	418	195	154	-63%	-21%
Medium ICFs/IID	39	39	45	15%	15%
Large ICFs/IID	264	13	20	-92%	54%
SSLC	241	181	176	-27%	-3%
HCS	312	632	652	109%	3%
DFPS-Licensed ID Institutions	73	40	32	-56%	-20%
Total	1,581	1,171	1,144	-28%	-2%
Total with HCS Excluded	1,269	539	492	-61%	-9%

Chart 6 displays trends from August 31, 2002, through August 31, 2015. As seen in the chart, enrollments in HCS increased while enrollment in other institutions declined or remained comparatively low.

Chart 6: Number of Children in Institutions by Type of Institution August 2002 - August 2015



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. S.B. 368 recognized the need to develop FBAs for children with developmental disabilities who cannot return to their birth families. The purpose of the “system” of FBAs is to further the state’s policy of ensuring that a child becomes part of a positive and stable permanent family as soon as possible.

5.1 Contract Award

To assist in this effort, S.B. 368 required HHSC to “contract with a community organization... for the development and implementation of a system under which a child who cannot reside with the child’s birth family may receive necessary services in a family-based alternative instead of an institution.” The system must provide for recruiting and training alternative families to provide services for children; comprehensively assessing each child in need of services and each alternative family available to provide services, as necessary to identify the most appropriate alternative family for placement of the child; providing to a child's parents or LAR information regarding the availability of an FBA; identifying each child residing in an institution and offering support services, including waiver services, that would enable the child to return to the child's birth family or be placed in an FBA; and determining through a child's permanency plan other circumstances in which the child must be offered waiver services, including circumstances in which changes in an institution's status affect the child's placement or the quality of services received by the child.

HHSC released the first request for proposals (RFP) to identify an FBA contractor in 2002, followed by RFPs in 2007 and 2015. EveryChild received the contract following each RFP. Effective December 1, 2015, HHSC delegated contract management responsibilities to DADS.

5.2 Movement of Children to Family-Based Alternatives

Section 3 of this report identifies the number of children placed in FBAs for the six-month period ending August 31, 2015. This section also describes contractor activities during fiscal year 2015 that assisted in those placements and with the diversion of children from admission to institutions, as well as what contributed to the development and implementation of a system of FBAs.

While permanency planning for minor children focuses on family life, permanency planning for young adults recognizes that one’s own home or apartment may be a more appropriate and adult-oriented goal toward independence. As shown in Chart 7, EveryChild assisted in the movement or diversion from an institution of 40 children during fiscal year 2015. Of the 40 children, 58 percent (23) moved to an FBA, 40 percent (16) returned to the child’s birth family, and one individual (a young adult) moved to his own home. For comparative purposes, Chart 7 also includes data on previous placement and diversion activity. Since 2002, EveryChild has assisted in the movement or diversion of 402 children from institutions. Of those 402 children, 31 percent (124) returned home, 68 percent (273) were placed with an FBA, and slightly more than 1 percent (5) moved to their own home.

Chart 7: Number of Children Assisted by EveryChild by Placement Type as of August 31, 2015

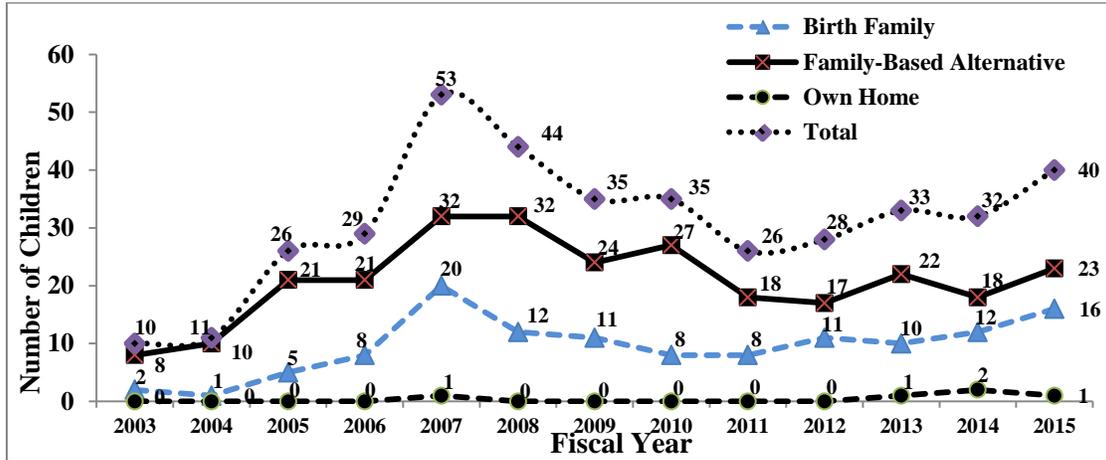


Table 7 provides an overview of EveryChild’s placement, diversion, and related activities accomplished during fiscal year 2015:

- movement of 34 children from an institution, of which 38 percent returned to the birth family, 59 percent moved to an alternate family, and 3 percent moved to their own home
- diversion of six children from an institution
- active work with the family or LAR of 17 children whose move to a family was pending as of August 31, 2015
- active assistance to the family or LAR of 25 children seeking to identify an alternate family

Table 7: EveryChild Achievements for FY 2015

	To Birth Family	To Alternate Family	To Own Home	Total
Moved From an Institution	13	20	1	34
Diverted From Admission to an Institution	3	3	0	6
In Transition to Family	9	8	0	17
Identification of an Alternate Family Underway	0	25	0	25
Total	25	56	1	82

The majority of EveryChild’s efforts were focused on the State’s largest institutions and those serving the most children. As shown in Table 8, EveryChild assisted 40 children during fiscal year 2015, of which 82 percent (33) moved from a large institution. Of the 402 children assisted by EveryChild since 2002, 76 percent (304) resided in a large institution.

Table 8: Number Assisted by EveryChild by Size/Type of Institution as of August 31, 2015

Size of Institution	Type of Institution	Children Moved in FY 2015	Children Moved Since FY 2002
Large	Nursing Facility	17	155
Large	Community ICF/IID	0	69
Large	DFPS-Licensed ID Institution	16	65
Large	SSLC	0	12
Large	Other*	0	3
Medium or Small	Community ICF/IID	0	29
Medium or Small	HCS	1	26
Medium or Small	DFPS Group Home**	0	3
Diverted from an Institution		6	40
Total		40	402

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

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

5.3 Activities Contributing to Development and Implementation of Family-Based Alternatives

EveryChild conducted a variety of interrelated activities during the past year to develop a system of FBAs, leading to the movement or placement of children as described previously. Their approach is based on:

- Learning the needs of children and their families or LARs and engaging them to explore a child returning home or being placed in an FBA. During fiscal year 2015, EveryChild completed an average of 39 contacts per month with families and LARs, leading to the movement of 40 children to a living arrangement chosen by the family or LAR. As of August 31, 2015, families and LARs of another 42 children had begun exploring their options. Of those, 9 were planning to return their child to the family home, 8 were exploring an identified FBA, and 25 requested help identifying an available FBA.
- Working with and preparing alternate families matched with children in need of placement. At the end of fiscal year 2015, EveryChild had identified 461 active alternate families associated with a provider who were available for placement. Of the 461, 34 had been developed during the past year. EveryChild completed contacts with an average of 27 FBAs per month regarding specific children.
- Working with coordinators by providing training, technical assistance, and consultation to coordinators across the state. During fiscal year 2015, EveryChild completed an average of 58 contacts with coordinators per month. The term “coordinators” includes service coordinators employed by LIDDAs, DFPS developmental disability specialists, case workers for children under DFPS conservatorship, and staff at institutions.

- Working with state leadership to identify barriers and solutions to promote systems change. The TGC calls for collaboration between the FBA contractor and state agencies to increase awareness of the needs of children in institutions and the State’s capacity to offer FBAs. Towards that effort, EveryChild was a frequent contributor to state agency workgroups and stakeholder forums. In fiscal year 2015, EveryChild participated on the Promoting Independence Advisory Committee (as the children’s representative); Star Kids Advisory Committee (chair); and Children’s Policy Council (as children’s advocacy organization representative). EveryChild provided technical assistance and consultation to the State on developing policy, including the CFC benefit and the needs of children with high medical or high behavioral needs.
- Working with providers to increase interest and expertise in offering FBAs. EveryChild expanded the capacity of providers to offer FBAs by collaborating with state-contracted providers to meet the needs of the children they serve. Through collaboration with EveryChild, providers recruited, assessed, and trained potential alternate families. During fiscal year 2015, EveryChild maintained a list of 204 active provider organizations with FBAs. EveryChild contacted provider organizations an average of 33 times per month, which led to the placement of 23 children with FBAs in fiscal year 2015. Table 8 provides an overview of activities with providers by funding source.

Table 9: Funding Source by Setting for Children Who Moved with EveryChild Assistance

Funding Source/ State Agency	Returned to Birth Family in FY 2015	Placed with Alternate Family in FY 2015	Moved to Own Home in FY 2015	Returned to Birth Family Since 8/2008	Placed with Alternate Family Since 8/2008	Moved to Own Home Since 8/2008	Total
Community Based Alternatives/DADS*	0	0	0	3	0	1	4
CLASS/DADS	3	0	1	28	5	4	37
HCS/DADS	8	23	0	61	239	0	300
MDCP/DADS	3	0	0	26	1	0	27
Title IV Foster Care/DFPS	0	0	0	0	30	0	30
No Funding (Medicaid pending or ineligible non-citizen)	2	0	0	4	0	0	4
Total	16	23	1	122	275	5	402

*Terminated effective September 1, 2014.

6. Systemic Improvement Efforts

The significant shift since 2002 in the number of children with developmental disabilities living in institutions is directly related to systemic improvements. During the current reporting period, improvement efforts continued to build on previous years' accomplishments. New areas of focus also emerged.

6.1 Summary of State Agency Activities

Since the passage of S.B. 368, HHSC, DADS, and DFPS have worked collaboratively to refine and improve permanency planning activities. During this reporting period, the agencies continued working to achieve systemic changes through a variety of activities.

Health and Human Services Commission

- HHSC provided oversight of the contract with EveryChild.
- HHSC continued working on implementation of Senate Bill 7 (S.B. 7), 83rd Legislature, Regular Session, 2013, designed, in part, to transition identified services to managed care.
- As required by S.B. 200, 84th Legislature, Regular Session, 2015, HHSC began planning to restructure the health and human services agencies to make them more efficient, effective, and responsive.
- HHSC provided administrative support to child-focused groups, including the:
 - Children's Policy Council is charged with developing, implementing, and monitoring long-term supports and services programs for children with disabilities and their families (House Bill 1478, 77th Legislature, Regular Session, 2001);
 - Task Force for Children with Special Needs is charged with creating a strategic plan to improve the coordination, quality, and efficiency of services for children with a chronic illness, intellectual or other developmental disability, or serious mental illness (S.B. 1824, 81st Legislature, Regular Session, 2009);
 - Council on Children and Families was created to coordinate state health, education, and human services for children of all ages and their families; improve coordination and efficiency in and among state agencies and advisory councils on issues affecting children; prioritize and mobilize resources for children; and facilitate an integrated approach to providing services for children and youth (S.B. 1646, 81st Legislature, Regular Session, 2009); and
 - STAR Kids Managed Care Advisory Committee was created to advise HHSC on the establishment and implementation of the STAR Kids Medicaid managed care program. The goal of STAR Kids is to improve coordination and customization of care, access to care, health outcomes, cost containment and quality of care for children with disabilities who have Medicaid coverage (S.B. 7, 83rd Legislature, Regular Session, 2013).

Department of Aging and Disability Services

- As required by the TGC, DADS added a child's name to the CLASS and MDCP interest lists (for children under age 22) upon admission to a nursing facility and to the HCS interest list upon admission to an ICF/IID.
- DADS required LIDDAs to complete at least 95 percent of required permanency plans for

children in ICF/IID and HCS within timeframes described in the performance contract and provided technical assistance to LIDDAs to ensure compliance with permanency planning guidelines.

- Of the 25 HCS slots appropriated for the 2014-15 biennium for children in a DFPS General Residence Operation (GRO), DADS approved enrollment of 24 children as of August 31, 2015.
- Of the 192 HCS slots appropriated for children aging out of DFPS foster care in the 2014-15 biennium, DADS approved enrollment of 175 children as of August 31, 2015.
- DADS continued working to release HCS slots approved by the 84th Legislature for the 2015-16 biennium, which includes an additional:
 - 25 HCS slots for children transitioning from a DFPS GRO;
 - 216 HCS slots for children aging out of DFPS foster care; and
 - 400 HCS slots for crisis/diversion from an SSLC.
- In March 2015, CMS notified DADS that it had funded a three-year grant to enhance medical, behavioral, and psychiatric supports and community coordination. Funding will be used to provide an array of safety net services and supports to assist LIDDAs and program providers in ensuring successful relocation of individuals into community settings. In June 2015, DADS contracted with eight LIDDAs for the statewide provision of technical assistance on specific disorders and best practices for individuals with significant challenges.
- During the 84th Legislative Session, DADS received \$5.9 million for services to individuals with high medical needs. Funding includes a daily add-on rate for small and medium ICF/IID providers to serve individuals with high medical needs transitioning from an SSLC or nursing facility. Funding for FY 2017 will be used to expand the initiative to HCS.
- DADS received funding to establish crisis intervention teams and respite services at LIDDAs. LIDDAs were eligible if not already receiving 1115 waiver delivery system reform incentive payment funding for crisis intervention and respite projects.
- DADS hosted four workshops entitled “Positive Behavior Management and Supports” taught by instructors from the Behavior Analysis Resource Center at the University of North Texas. The curriculum emphasizes proactive approaches to establishing a positive relationship with an individual with challenging behavior. DADS offered the training free of charge to caregivers, families, professional staff, and others.
- DADS participated as a member of the Council on Children and Families and as an agency representative to the other groups administratively supported by HHSC.

Department of Family and Protective Services

- DFPS Child Protective Services (CPS) approved seven children for placement in a DFPS GRO and one child for placement in an SSLC, with written approval of the DFPS CPS Assistant Commissioner.
- CPS and DADS coordinated to make targeted HCS waiver slots available to CPS youth aging out of DFPS care or to children transitioning from GROs serving children and youth with intellectual and developmental disabilities into the community.
- CPS collaborated with EveryChild in the placement of 16 children from DFPS GROs using the HCS waiver program. Of the 16, DADS approved to enroll 12 in HCS using host home/companion care, and CPS worked with EveryChild to find appropriate homes in the

community for 3 children.

- DFPS monitored completion of permanency plans developed by DFPS developmental disability specialists.
- DFPS participated as a member of the Council on Children and Families and as an agency representative to the other groups supported by HHSC.

6.2 Summary of Progress, Challenges, and Opportunities

Since 2002, systemic improvements have brought the State closer to realizing the goal of family life for children envisioned by S.B. 368. Although significant progress has been made in supporting family life for children with developmental disabilities as an alternative to institutions, challenges remain.

System Progress Since 2002

Since 2002, progress has been achieved as evidenced by a reduction in the number of children in institutions serving more than four persons. Specifically, the State saw a 92 percent decrease in large ICF/IID; a 72 percent decrease in nursing facilities; and a 61 percent decrease in the number of children in all institutions serving more than four persons.

Data show that the vast majority of children continue to have a current permanency plan. The permanency planning process continues to create awareness that children are physically and emotionally healthier when they grow up in well-supported families. Families and LARs have been able to choose family-based care instead of institutional care as a result of increased resources. Among those resources, both reserved capacity in the HCS waiver (e.g., for children at risk of admission to an SSLC) and the HCS service host home/companion care have increased opportunities for children to move to, or remain in, the community. Coordinated efforts by EveryChild and waiver program providers also have expanded FBA options in the state.

The State continues working to better support children with challenging behaviors and co-occurring developmental disabilities and mental health conditions. Legislative action and recent appropriations will increase access to specialized services through Texas Medicaid programs, including services for individuals with high medical needs and community-based crisis support services.

Challenges to Continued Progress

Despite the overall decline in the number of children in institutions serving more than four persons, challenges remain. Interest lists for waiver programs continue to grow. Children with high medical needs continue to be at risk of institutionalization when they age out of children's Medicaid and are no longer eligible for certain Medicaid services (e.g., private duty nursing). Responsibility for transition planning often can be fragmented across multiple parties.

Opportunities for Further Progress

Children with high behavioral support needs would benefit from dedicated resources to develop more intensive and creative ways to address their needs, such as positive behavior support specialists, in-home behavior supports, and statewide training for families and professionals on

positive behavior support.

Children with high medical needs would benefit from additional funding for services that enable them to remain in their communities and with their families as they transition to adulthood.

A review of the permanency planning instrument by DADS, DFPS, and EveryChild is needed to enable the collection of additional data to inform planning and evaluation efforts. The State and EveryChild should review and update permanency planning technical assistance information posted on the DADS website to ensure it remains current and accurate.

7. Conclusion

Through the efforts of the Texas Legislature, HHSC, DADS, DFPS, EveryChild, and their partners, children's access to Medicaid waivers has increased. Access to HCS is beneficial due to its host home/companion care service, which allows specially trained alternative families in the community to provide homes for children who are unable to live with their birth families.

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 that all children with a developmental disability live in a nurturing family environment.