



Permanency Planning and Family-Based Alternatives Report

**As Required By
S.B. 368, 77th Legislature, Regular Session, 2001**

**Health and Human Services Commission
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Table of Contents

1. Executive Summary	1
2. Introduction and Purpose	2
3. Permanency Planning Report	4
3.1 Total Number of Children Residing in Institution.....	4
3.2 Circumstances of Children Residing in Institutions	5
3.3 Permanency Plans Developed for Children in Institutions.....	7
3.4 Number of Children Who Returned Home or Moved to a Family-Based Alternative.....	8
3.5 Community Supports Resulting in Successful Return Home or a Family-Based Alternative.....	9
3.6 Community Supports Unavailable but Necessary to Transition from Institutions.....	11
4. Summary and Trend Data	11
5. Family-Based Alternatives	13
5.1 Contract Award	13
5.2 Accomplishments.....	14
5.3 Activities Contributing to Development and Implementation of Family-Based Alternatives	16
6. Systemic Improvement Efforts	19
6.1 Summary of State Agency Activities	19
6.2 Summary Progress, Challenges, and Opportunities	21
7. Conclusion	23
List of Acronyms	24
Appendix A: Demographics by County - Child and Parent/Guardian	A-1

1. Executive Summary

Senate Bill 368, 77th Legislature, Regular Session, 2001, charges the Texas Health and Human Services Commission (HHSC) with monitoring placements and ensuring ongoing permanency plans for each child or young adult, ages 18 through 21, with a developmental disability residing in an S.B. 368-defined "institution" in Texas.

This report provides an update on implementation of the legislation. Data and analyses reflect a snapshot in time for the reporting period ending August 31, 2014, as well as longer-term trends since 2002.

The Department of Aging and Disability Services (DADS), Department of Family and Protective Services (DFPS), EveryChild, Inc., (EveryChild), the HHSC family-based alternatives contractor, child placement agencies, and Medicaid waiver program providers continue to work together to enable children to return to their family's home or move to a family-based alternative. During the six-month period ending August 31, 2014, 123 children moved from S.B. 368-defined "institutions" to families of which 94 moved to a family-based alternative setting, and 29 returned home.

Since S.B. 368 was first implemented in 2002, more than 4,700 children have returned to their birth families or moved to family-based alternatives. For the same period, the number of children in S.B. 368-defined "institutions" of all types has decreased by 26 percent with the most significant reductions in nursing facilities with a 70 percent decrease and large intermediate care facilities (ICFs) with a 95 percent decrease.

Senate Bill 368 called for 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." In 2002, HHSC awarded the family-based alternatives contract to EveryChild and that contract has been renewed each subsequent year.

Over the life of the contract, EveryChild has significantly helped increase awareness of alternatives to placing children in large facilities, while also increasing the state's capacity to offer family-based alternatives. EveryChild's efforts include direct work with children and families, as well as policy work to affect the systemic change envisioned by the legislation.

EveryChild has focused its efforts on the state's largest facilities and those with the largest number of children. Of the 358 children placed with Every Child's assistance since 2002, 75 percent (or 269) were moved from large institutions as defined by S.B. 368.

2. Introduction and Purpose

With the passage of S.B. 368, 77th Legislature, Regular Session, 2001, HHSC was charged with monitoring placements and ensuring ongoing permanency plans for each child or young adult, ages 18 through 21, with a developmental disability residing in an institute

The purpose of this report is to provide information regarding implementation of the requirements of the permanency planning legislation and progress toward achieving the policy identified in the legislation. The first of these reports was filed in December 2002. Semi-annual reports have been produced since then. This report covers data for the period from March 1, 2014, to August 31, 2014, as well as cumulative data since 2002 and relevant historical information for evaluative purposes.

The legislation defines “institution” as an Intermediate Care Facility for Individuals with an Intellectual Disability (ICF/IID), a Medicaid waiver group home under the authority of DADS, a foster group home or agency foster group home, a nursing facility, an institution for people with an intellectual disability licensed by DFPS, or a residential arrangement (other than a foster home) that provides care to four or more children who are unrelated to each other. Using S.B. 368's definition, "institutions" regulated by DADS include nursing facilities, community ICF/IID (small, medium, and large), state supported living centers (SSLCs), and the Home and Community-based Services (HCS) waiver program residential settings (i.e., supervised living or residential support). By agreement between HHSC and DFPS, this report addresses permanency planning efforts for foster youth placed in DFPS-licensed institutions for children with intellectual disabilities.

The legislation 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 legislation identifies state policy regarding permanency planning as follows: “It is the policy of the state to strive 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.”

To achieve transitions from these defined "institutions" to family life, the legislation recognizes options that include the child's return to their family or movement to a family-based alternative. The legislation defines “family-based alternative” as “a family setting in which the family provider or providers are specially trained to provide support and in-home care for children with disabilities or children who are medically fragile.”

The legislation requires HHSC to report specific information regarding permanency planning activities to the Legislature, which includes:

- The number of children residing in S.B. 368-defined "institutions" in the state and the number of those children who have a recommendation for transition to a community-based residence, but who have not yet made the transition.
- The circumstances of each child including the type of S.B. 368-defined "institutions" 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.
- The number of permanency plans developed for children residing in S.B. 368-defined "institutions" in this state, the progress achieved in implementing those plans, and barriers to implementing those plans.
- The number of children who previously resided in an S.B. 368-defined "institution" in this state and have made the transition to a community-based residence.
- The number of children who previously resided in an S.B. 368-defined "institution" and have been reunited with their families or placed with alternative families.
- The community supports that resulted in the successful placement of children with alternative families.
- The community support services that are necessary but unavailable to address the needs of children who continue to reside in an S.B. 368-defined "institution" in this state after being recommended to make a transition from the institution to an alternative family or community-based residence.

This report provides data and trend analyses to describe progress in implementing permanency planning and results. The data and analyses reflect a snapshot in time for the reporting period ending August 31, 2014, as well as trends since 2002.

3. Permanency Planning Report

Permanency planning for children is a process of communication and planning with families and children to help identify options and develop services and supports essential to the eventual and planned outcome of reuniting children with their own family or permanent placement with an alternate family.

Permanency planning, as a philosophy, refers to the goal-directed desire for family life for children. The permanency planning process refers to the development of strategies and marshaling of resources to implement the desired goal. Permanency planning is a process that occurs over time. The Permanency Planning Instrument (PPI) is a tool that captures the status at the time of a semiannual review. The following sections provide aggregate data from the PPIs completed between March 1, 2014, and August 31, 2014.

3.1 Total Number of Children Residing in Institutions

Table 1 below shows the number of children and young adults, ages 18 through 21, living in institutions as defined by the legislation as of August 31, 2014.

**Table 1: Children in Institutions
DADS and DFPS Data Combined Six-Month Period Ending August 31, 2014**

Institution Type	Ages 0-17	Ages 18-21	Total
Nursing Facilities	43	28	71
Small ICF/IID	35	160	195
Medium ICF/IID	1	38	39
Large ICF/IID	0	13	13
SSLC	89	92	181
HCS	177	455	632
DFPS-Licensed ID Institutions	34	6	40
Total	379	792	1,171

Of the 1,171 individuals with developmental disabilities living in S.B. 368-defined "institutions", 379 were minor children and 792 were young adults, ages 18 through 21. No minor children lived in large ICFs/IID and only one minor child lived in a Medium ICF/IID. Of this number, DFPS had no minor children living in large or medium ICF/IIDs.

Of note, institutions are defined broadly by the legislation to include small group homes as well as larger facilities. The Small ICF/IID category represents group homes which may be licensed

to serve up to eight residents, however, the majority of small ICF/IID serve no more than six residents. The HCS category represents small group homes which are limited to no more than four residents. When Small ICF/IID facilities and HCS are excluded it provides a clearer picture of the number of children living in larger institutions as of August 31, 2014. Senate Bill 368-defined "institutions" for more than six residents housed 167 minor children during this reporting period. Of this number, DFPS had no minor children living in this type of institution. S.B. 368-defined "institutions" for more than six residents housed 177 young adults, ages 18 through 21, during this reporting period. Of this number, DFPS had no minor children living in this type of institution.

As of August 31, 2014, 202 minor children were living in S.B. 368-defined "institutions" with six or more beds. Of this number, DFPS had 36 minor children in institutions with six or more residents. Senate Bill 368-defined "institutions" with six or more residents housed 337 young adults, ages 18 through 21. Of this number, DFPS had 16 young adults, ages 18 through 21, residing in institutions with six or more residents.

3.2 Circumstances of Children Residing in Institutions

Based on data from the PPIs, a report on the Demographics by County – Child and Parent/Guardian (Appendix A) contains information on the type of facility, age of child, length of time in the institution, and county of residence for child and parent/guardian. Summary information from this report follows.

The majority of children with developmental disabilities (65 percent) living in S.B. 368-defined "institutions" as of August 31, 2014, were young adults, ages 18 through 21, as described in Charts 1 and 2 below:

Chart 1: Ages

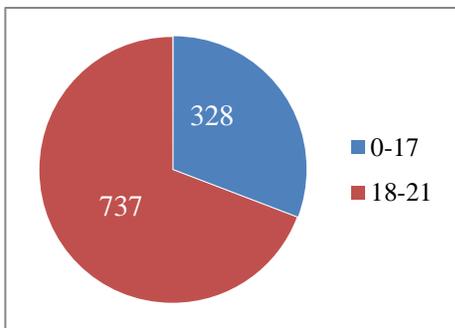
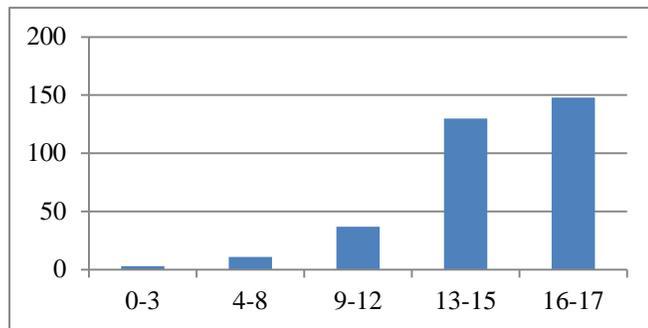


Chart 2: Age Breakdown of Minors



Nursing facilities and DFPS facilities had the highest percentage of minor children. The proportion of minor children living in large facilities varies by S.B. 368-defined "institution" type as shown in the Chart 3 below.

**Chart 3: Age by Facility Type as of August 31, 2014
DADS and DFPS Data Combined**

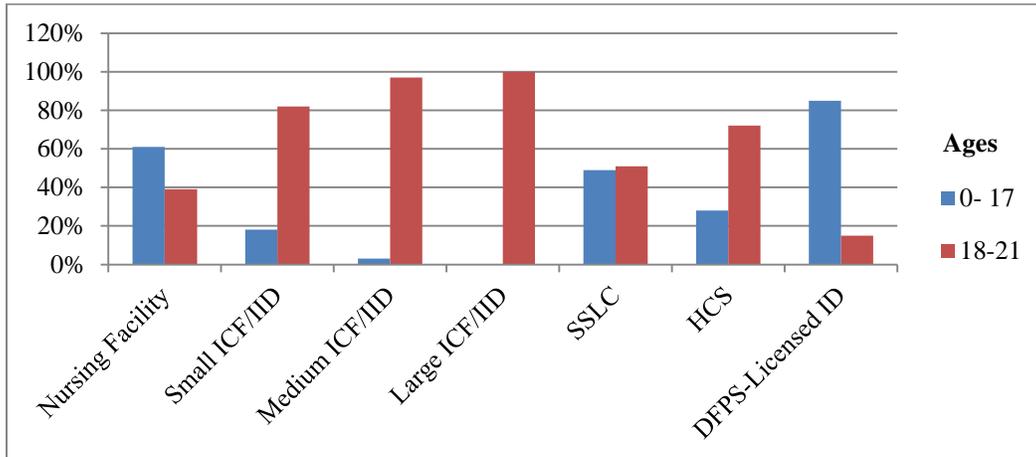
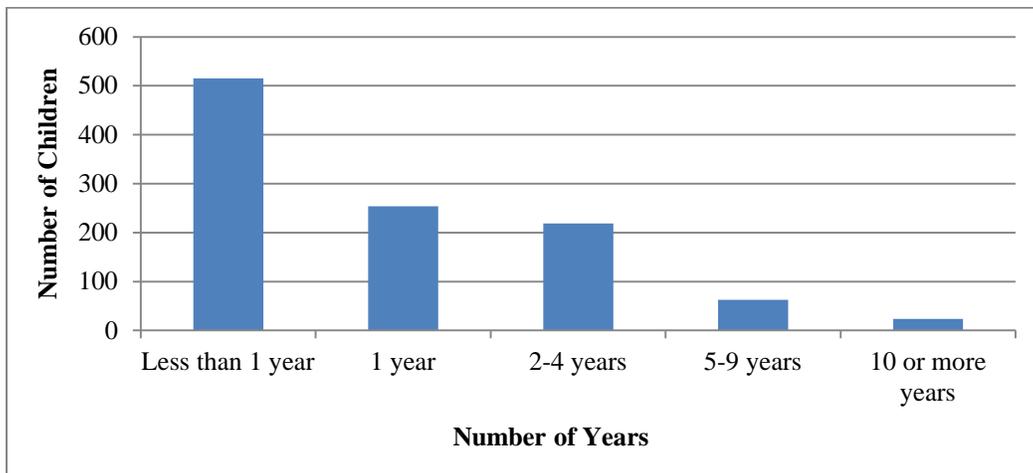


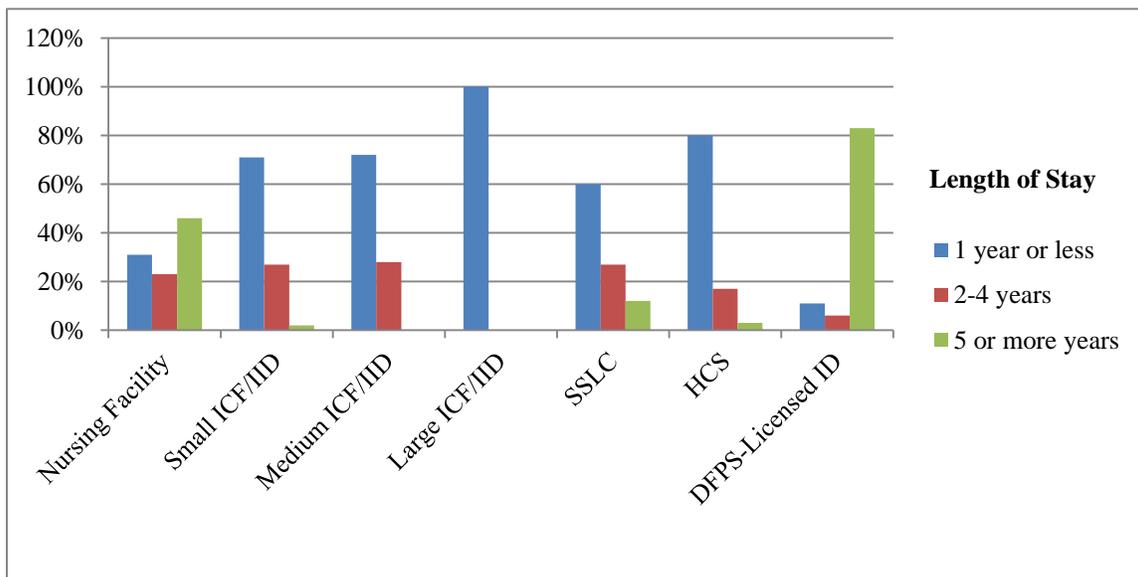
Chart 4 shows the majority of children with developmental disabilities (72 percent) had been living in the facility for one year or less as of August 31, 2014. The large number of relatively short stays may reflect new children or children who moved from a larger institution into a smaller less restrictive institution, as defined by S.B. 368.

**Chart 4: Length of Stay in Current Institution
DADS and DFPS Data Combined**



Lengths of stay based on available data varied by S.B. 368-defined "institution" type as described in Chart 5. Nursing facilities and DFPS-Licensed ID Institutions had a significant percentage of children with lengths of stay exceeding five years.

Chart 5: Length of Stay by Facility Type as of August 31, 2014



3.3 Permanency Plans Developed for Children in Institutions

Senate Bill 368 requires that every child residing in a defined institution have a permanency plan developed and updated semi-annually. Each state agency has defined oversight responsibility for permanency plans based on where children reside.

As delineated in DADS performance contract with the Local Intellectual and Developmental Disabilities Authorities (LIDDA), DADS delegated responsibility for conducting permanency planning activities for children in ICFs/IID (including SSLCs) and HCS residential settings to the 39 LIDDAs. The permanency planning activities are completed by service coordinators who work for the LIDDAs.

The DFPS delegated responsibility for conducting permanency planning activities for DFPS-licensed institutions for children with intellectual disabilities to developmental disability specialists assigned as secondary caseworkers. For purposes of this report, DFPS reports only permanency planning efforts of foster youth placed in DFPS-licensed institutions for children with intellectual disabilities.

The HHSC delegated responsibility for conducting permanency planning activities for children in nursing facilities to EveryChild, the HHSC Family-Based Alternatives contractor. Table 2 identifies permanency plans completed by facility type.

**Table 2: Permanency Plans Completed
Six-Month Report Ending August 31, 2014**

S.B. 368 Institution Type	Permanency Plans Completed	Number of Children Residing in Institutions
Nursing Facilities	55	71
Small ICF/IID	176	195
Medium ICF/IID	35	39
Large ICF/IID	11	13
SSLC	171	181
HCS	618	632
DFPS-Licensed ID Institutions	20	40
Total	1,086	1,171

Goals are identified in the permanency planning process. The legislation encourages parental participation in planning and recognized parental or guardian authority for decisions regarding living arrangements. Goals reflect the direction to which the permanency plan is moving (e.g., return to birth family or reside in a family-based alternative). While every effort is made to encourage reunification of children with birth families, there are some instances when families or guardians may choose a family-based alternative. In those situations, the preferred alternative for a child may be a support family, also known as a family-based alternative.

Permanency planning for minor children (ages 0 through 17) focuses on family life and young adults (ages 18 through 21), it acknowledges other community living arrangements in addition to family life. Permanency planning, such as small group homes, may be chosen by young adults or their guardians as an adult-oriented goal toward independence.

Permanency goals may change over time as a result of changes in parental or guardian views following fuller exploration, exposure to alternatives, or changes in family circumstances. Experience shows that even parents or guardians who prefer continued facility stay at the time of one semiannual review may change that preference at a future review.

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

The DADS, DFPS, EveryChild (the HHSC family-based alternatives contractor), child placement agencies, and Medicaid waiver program providers are working together to enable children to return to their family's home or move to a family-based alternative. As reflected in Table 3 below, 123 children moved from S.B. 368-defined "institutions" to families during the six month period ending August 31, 2014.

Table 3: Children Returned Home or Moved to Family-Based Alternative Six-Month Period Report August 31, 2014

S.B. 368 Institution	Returned Home	Family-Based Alternative	Total
DADS	19	56	75
DFPS	10	38	48
Total	29	94	123

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

Children that are returned home or move to a family-based alternative require specialized supports that are identified in the permanency planning process. Supports that may be identified for children and families during permanency planning include:

- Architectural modifications
- Behavioral intervention
- Childcare
- Durable medical equipment
- In-home health services
- Mental health services
- Nighttime supervision
- Ongoing medical services
- Personal assistance
- Respite
- Specialized equipment
- Specialized therapies
- Specialized transportation
- Training for caregivers

The specialized supports needed by specific children and families vary not only in type, but also in intensity and frequency. Specialized supports may be addressed in a variety of ways, depending on the needs of the child and the family to which the child moved. For most children leaving an S.B. 368-defined "institution", their specialized support needs were met through services available in one of the Medicaid waiver programs shown in Table 4.

Table 4: Medicaid Waivers Services

Specialized Supports	HCS	MDCP	CLASS	DBMD	TxHmL	STAR+PLUS
Adaptive Aids	✓	✓	✓	✓	✓	✓
Home Modifications	✓	✓	✓	✓	✓	✓
Respite	✓	✓	✓	✓	✓	✓
Supported Employment	✓	✓	✓	✓	✓	✓
Dental	✓		✓	✓	✓	✓
Nursing	✓		✓	✓	✓	✓
Professional Therapies	✓		✓	✓	✓	✓
Supported Home Living	✓					
Flexible Family Support		✓				
Host Family	✓		✓			
Community Support Services					✓	
Personal Assistance Services						✓
Residential Habilitation			✓	✓		
Day Habilitation	✓			✓	✓	
Transition Assistance Services		✓	✓	✓		✓
Behavioral Support	✓		✓	✓	✓	

Waiver services have enabled many children to transition to family life. All of the specialized supports identified above have been necessary and used by children returning from S.B. 368-defined "institutions" to their families or moving to family-based alternatives. Of particular importance has been access to the HCS waiver. The HCS waiver includes the ability to offer family-based alternatives through the host family service whereby a family in the community can provide a home for a child who cannot live with his or her birth family.

Legislative appropriations for the 2014-2015 biennium provided funding for the HCS waiver program included recipient slots for the following:

- Large and Medium ICFs/IID: 400 individuals of all ages.
- SSLC: 300 individuals of all ages at risk of admission.

- Nursing Facility: 20 children leaving facility.
- DFPS-Licensed ID Institutions: 25 children transitioning from facility.
- DFPS Foster Care: 192 children aging out.

3.6 Community Supports Unavailable but Necessary to Transition from Institutions

Specialized supports are identified in the permanency planning instruments (PPIs), but in some cases funding may be unavailable or limited due to long waiver-program interest lists and stipulations within waiver programs, such as cost caps and types of covered services.

Appropriations for additional waiver slots are determined each biennium. In terms of waiver programs' ability to address the need for specialized supports, it is noteworthy that not all waivers include a service category to fund alternate families. Also, people living in rural areas may experience lack of qualified providers and professionals.

While most of the Medicaid waiver program include behavioral support, for children with high needs the frequency and intensity of behavior support or the availability of qualified professionals may be inadequate. Although waivers are available to children as an alternative to living in S.B. 368-defined "institutions", only the HCS waiver has slots for children at risk of being institutionalized. This limitation contributes to institutional admissions and competition for the limited number of waiver slots for all individuals.

4. Summary and Trend Data

Significant progress has been made since the permanency legislation was introduced in 2001. The data collected demonstrate the number of children moving from S.B. 368-defined "institutions" to their own family home or to a family-based alternative continues at a steady pace. Table 5 below details yearly changes in the number of children residing in S.B. 368-defined "institutions" since 2002. The data reflects a point in time which can mask the actual number of children who moved during the year. Senate Bill 368-defined "institution" types vary in size by the number of residents served.

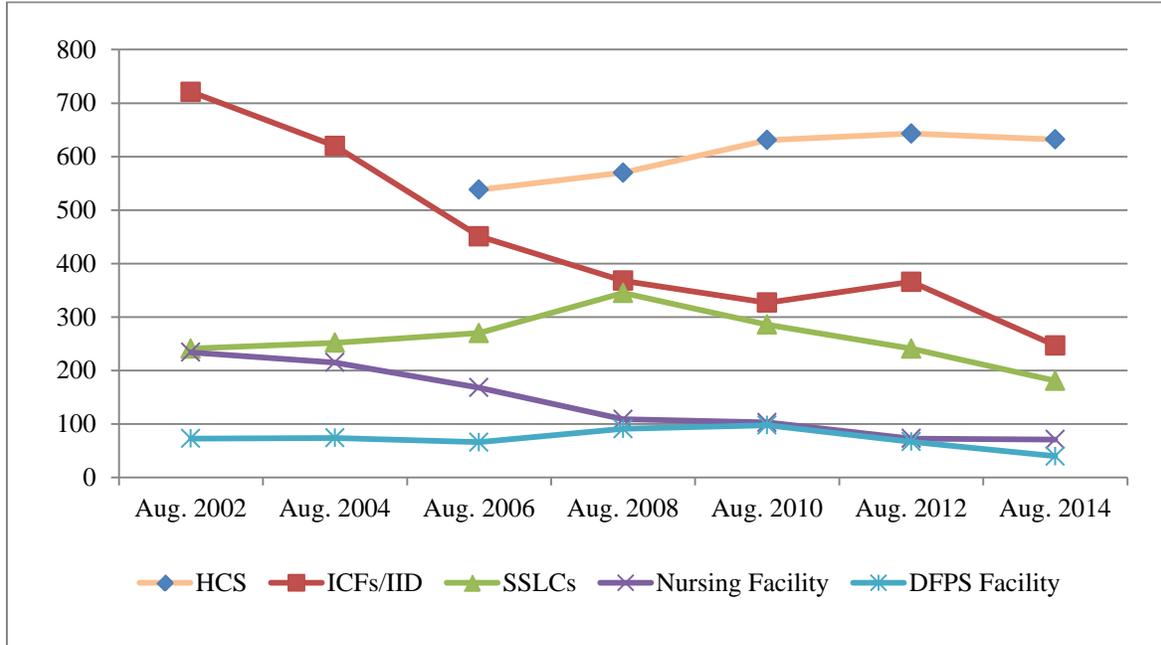
The ICFs/IID (small, medium, and large), SSLCs, nursing facilities, and DFPS-licensed institutions for children with intellectual disabilities range in size from 6 to 460 individuals in the largest SSLC. By contrast, HCS group homes can serve no more than four individuals. When the number of children who were living in HCS group homes is excluded, the total number of children who were living in one of the other S.B. 368-defined "institutions" decreased by 13 percent between August 2013 and August 2014 and has decreased by 58 percent since 2002.

**Table 5: Trends in Number of Children Residing in Institutions by Facility Type
DADS and DFPS Data Combined Six-Month Period Ending August 31, 2014**

S.B. 368 Institutional Type	Baseline Number as of 8/31/02	Number as of 8/31/13	Number as of 8/31/2014	Percent Change Since August 2002	Percent Change in Past Year
DADS Facilities					
Nursing Facilities	234	70	71	(70%)	1%
Small ICFs/IID	418	233	195	(53%)	(16%)
Medium ICFs/IID	39	48	39	0%	(19%)
Large ICFs/IID	264	16	13	(95%)	(19%)
SSLC	241	203	181	(25%)	(11%)
HCS	312	640	632	103%	(1%)
Total DADS Facilities	1,508	1,210	1,131	(20%)	(7%)
DFPS-Licensed ID Institutions					
	73	49	40	(45%)	(18%)
Total DADS and DFPS	1,581	1,259	1,171	(26%)	(7%)
Total DADS and DFPS without HCS	1,269	619	539	(58%)	(13%)

Since 2002, more than 4,700 children have returned to their birth families or moved to family-based alternatives. The number of children in S.B. 368-defined "institutions" of all types has decreased by 7 percent in the past year and decreased by 26 percent since 2002. Since 2002, nursing facilities have decreased by 70 percent and large ICFs have decreased by 95 percent.

Chart 6: Number of Children Residing in Institutions by Facility Type



As Chart 6 shows, ICFs/IID, SSLCs, nursing facilities, and DFPS-licensed institutions for children with intellectual disabilities have all decreased while HCS facilities have increased. The HCS category of S.B. 368-defined "institutions" represents small group homes which are limited to no more than four residents. Importantly, the HCS waiver program includes services and supports that may enable a child to return home or achieve placement in a family-based alternative with a host family.

5. Family-Based Alternatives

Child development experts and research concur that children are physically and emotionally healthier when they grow up in well-supported families. Senate Bill 368 recognized the need to develop family-based alternatives for children with developmental disabilities who cannot return to their birth families. The legislation identified that the purpose of the system of family-based alternatives 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, the legislation called for 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." In 2002, HHSC awarded the family-based alternatives contract to EveryChild, and that contract has been renewed each subsequent year.

Generally, EveryChild's approach for developing a system of family-based alternatives entails a number of interrelated elements that assist birth families or guardians become comfortable in exploring family-based alternatives.

In addition to working with birth families and guardians, EveryChild works with providers to increase their interest and expertise in offering family-based alternatives. The focus of EveryChild's efforts are to ensure; the best match between family-based alternatives and the child's needs, training families to care for children, and availability of supports that allow longevity of the placement. EveryChild works with policy and decision-makers to increase awareness of possible barriers. These initiatives are in place to offer solutions and promote systems change by provisioning technical assistance, training, and consultation as a best-practice model for family-based alternatives.

5.2 Accomplishments

Over the 12 years of the family-based alternatives contract, EveryChild contributed significantly to increase awareness and capacity to offer family-based alternatives reflected in the significant reduction of children in large facilities shown in this report. EveryChild uses its work with children and families to understand their experience and to inform recommendations to policy and decision makers for improvements to better support families. EveryChild continued to provide intensive assistance and collaboration to facilitate children moving from S.B. 368-defined "institutions" to families as described in Table 6.

Table 6: Children Moved to Families or Diverted from S.B. 368-Defined "Institutions" with EveryChild Assistance as of August 31, 2014

FY Year	Children Returned to Birth Families	Placed with Family-Based Alternatives	Combined Total
2003	2	8	10
2004	1	10	11
2005	5	21	26
2006	8	21	29
2007	20	32	52
2008	12	32	44
2009	11	24	35
2010	8	27	35
2011	8	18	26
2012	11	17	28
2013	10	22	32
2014	12	18	30
Total	108	250	358

EveryChild has focused efforts on the state’s largest facilities and those with the largest number of children. As shown in Table 7, of the 358 children placed with EveryChild’s assistance since 2002, 75 percent (269) were moved from large S.B. 368-defined "institutions."

**Table 7: Children Moved to Families with EveryChild Assistance
Six-Month Period Ending August 31, 2014**

Facility Type	Number of Children
Large Facility	
Nursing Home	134
ICF	69
DFPS-Licensed ID Institution	50
SSLC	12
Other	3
Large Facility Sub-Total	269
Medium or Small	
ICF/IID	29
HCS Group Home	24
DFPS Group Home	3
Medium or Small Facility Sub-Total	56
Diverted from Institutional Admission	33
Grand Total	358

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

EveryChild has worked with families, guardians, providers, and support networks to break down barriers that assist children in S.B. 368-defined "institutions" move to family-based alternatives.

Work with Families and Guardians

EveryChild has contacted families and legally authorized representatives to explain their options. As a result, 325 children moved from an S.B. 368-defined "institution" to a family home, 33 children transitioned from institutional admission with support to remain with their family or to move to an alternate family home. In addition, 48 families and guardians with institutionalized children explored the possibility of moving to a family situation as of August 31, 2014.

S. B. 368, 77th Legislature, Regular Session, 2001, Legislative Report on Permanency Planning and Family-Based Alternatives

Work with Providers

EveryChild sought to expand capacity to offer family-based alternatives by collaborating with provider organizations responsible by contract or licensure for recruiting, assessing, and training alternate families. EveryChild worked closely with a range of providers to achieve family-based alternatives and grow their capacity and expertise. Collaborations with 70 providers have resulted in placements of 250 children with alternate families. As reflected in Table 8, EveryChild worked with providers across state agencies and waiver types.

**Table 8: Children Moved to Families with Assistance from EveryChild
Period Ending August 31, 2014**

Funding Source/ State Agency	Returned to Birth Family	Placed with Alternate Family	Total
Community-Based Alternatives/DADS	3	-	3
Community Living Assistance and Support Services /DADS	25	5	30
Home and Community-Based Services/DADS	56	214	270
Medically Dependent Children Program /DADS	22	1	23
Title IV/DFPS	-	30	30
No Funding (non-permanent resident)	2	-	2
Total	108	250	358

Positive Behavior Support

One of the most frequent reasons for admission and continued stay in an S.B. 368-defined "institution" is challenging behavior. EveryChild continues to partner with providers to promote positive behavior support as an effective approach to working with children with challenging behavior. It has conducted comprehensive functional behavior assessments of seven children this year to assist providers in finding and preparing families to care for children with challenging behavior and to assist in development of adequate transition plans. Within the reporting period, EveryChild conducted specialized functional behavior assessments for 70 children.

Work with Coordinators

EveryChild has sought to ensure appropriate supports are offered to enable movement of children from S.B. 368-defined "institutions" to family homes by providing training, technical assistance, and consultation to coordinators across the state. Approximately 100 times per month, EveryChild provided support to coordinators during the year ending August 31, 2014.

Work with Policy and Decision-Makers

EveryChild has been a frequent participant and contributor in state agency workgroups and stakeholder forums addressing issues that affect children with special needs. EveryChild has become a valued resource with expertise across systems and waivers.

EveryChild staff members have been appointed to key advisory committees including:

- Promoting Independence Advisory Committee – Children’s Representative.
- Star Kids Advisory Committee – Appointed Chairperson.
- Task Force for Children with Special Needs Crisis Prevention and Intervention Subcommittee – Invited Member.
- Children’s Policy Council – Advocacy Organization Representative.

Senate Bill 368 calls for collaboration between the family-based alternatives contractor and the state agencies. EveryChild actively participated in a number of state agency stakeholder groups during the fiscal year and provided recommendations to improve the system to enable children with disabilities to live in family-based alternatives. The expertise of EveryChild in these forums contributed to significant policy changes and recommendations reflected in key advisory committee reports.

Over the past year, this collaboration was evident in a variety of activities. EveryChild activities provided: recommendations regarding needed improvements to support children with developmental disabilities in families; input focused on children in stakeholder meetings related to general system improvements; input at the request of state agencies related to issues affecting children with developmental disabilities; and technical assistance and consultation based on experience in Texas, research into services and supports in other states, and best practices described in relevant literature.

Actions resulting from the many discussions and recommendations made by EveryChild have contributed to significant changes in reducing the number of children living in large S.B. 368-defined "institutions" and increasing the availability of family-based alternatives and family support. Input included recommendations regarding intensive in-home behavioral supports, crisis intervention, the diversion of institutional admissions, transition to managed care, waiver renewals and alternative to voluntary relinquishment to name a few. This input was provided in various forums during the reporting year which included advisory committees, advocacy organizations, stakeholder groups and legislation hearings.

6. Systemic Improvement Efforts

The significant shifts in the number of children with developmental disabilities living in S.B. 368-defined "institutions" have been directly related to systemic changes and improvements. During this reporting period, many improvement efforts continued to build on previous years' activities. In addition, new areas of focus emerged.

6.1 Summary of State Agency Activities

Since the passage of S.B. 368, HHSC, DADS, and DFPS have worked diligently to refine and improve permanency planning activities. This has required continuing collaboration across divisions in each agency, as well as collaborative efforts across agencies to facilitate system changes for long-term results. These three health and human services agencies are active in the three councils focused on systemic improvements for children.

Task Force for Children with Special Needs, S.B. 1824, 81st Legislature, Regular Session, 2009: HHSC, DADS, and DFPS continued as agency members on the Task Force for Children with Special Needs. The task force 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. The task force developed a [five-year plan](#) and is focusing its initial implementation on two priority areas to: better informing and empowering families, and improving crisis prevention and intervention efforts.

Council on Children and Families, S.B. 1646, 81st Legislature, Regular Session, 2009: HHSC, DADS, and DFPS continued as agency members on the Council on Children and Families (CCF). The CCF coordinates state health, education, and human services for children of all ages and their families; improves coordination and efficiency in state agencies and advisory councils on issues affecting children; prioritizes and mobilizes resources for children; and facilitates an integrated approach to providing services for children and youth. The CCF 2014 biennial report is posted on the HHS website.

Children's Policy Council, H.B. 1478, 77th Legislature, Regular Session, 2001: HHSC, DADS, and DFPS continued as agency members on the Children's Policy Council (CPC). The CPC assists in developing, implementing, and monitoring long-term supports and services programs for children with disabilities and their families. The 2014 CPC biennial report is posted on the HHS website.

In addition to collaborative work, each agency has also been engaged in improvement efforts within the agency.

Texas Department of Aging and Disability Services Activities

As a continued DADS requirement through the performance contract, Local Intellectual and Developmental Disabilities Authorities (LIDDAs) must complete permanency planning within 20 days of the first business day an individual's name first appears on the Client Assignment and Registration System (CARE) weekly permanency planning report. The LIDDA must then enter the plan into CARE within 10 days of the permanency plan review date. The LIDDAs are required to complete 95 percent of the required permanency plans within timeframes as described in the performance contract for individuals in ICF/IID and HCS residential settings.

Weekly reports provided by DADS to LIDDAs included permanency planning timeframes, ongoing technical assistance, and ensured compliance of permanency planning guidelines. Of the 25 HCS slots appropriated for the current biennium to DADS, for children in a DFPS General Residence Operation (GRO), DADS approved enrollment of 19 children as of August 31, 2014.

Of the 192 HCS slots appropriated for the current biennium to DADS for children aging out of DFPS foster care, DADS approved enrollment of 87 children as of August 31, 2014. The DADS developed its 2015-2016 Legislative Appropriations Request to include an additional 25 HCS slots for children in a DFPS GRO and 216 HCS slots for children aging out of DFPS foster care.

Jointly with HHSC, DADS worked on the development of Prescribed Pediatric Extended Care Centers to provide day care to better support families of children with high medical needs. They also continued to collaborate with EveryChild helping children access HCS waiver services, return to their families, or move to alternate families.

Texas Department of Family and Protective Services Activities

During this reporting period, 10 children were approved for placement in a DFPS GRO for children with intellectual and developmental disabilities, and eight children were approved for placement in HCS foster companion homes/support family and two went to SSLCs. Approval for placement requires the written approval from the Child Protective Services (CPS) Assistant Commissioner or her designee. Staff from DFPS and DADS continued to work together to make targeted HCS waiver slots available to CPS youth transitioning out of DFPS care or from GROs into the community utilizing the supports offered in the HCS Medicaid waiver program.

The DPFS continues to use the 19 HCS Medicaid waiver program slots reserved for children with disabilities residing in DFPS GROs to transition to the community. Child Protective Services is collaborating with EveryChild to find appropriate homes in the community for children in a GRO who have been selected for HCS waiver services. The DFPS continued to monitor developmental disability specialists' completion of permanency planning.

Texas Health and Human Services Commission Activities

The HHSC continued to provide oversight of the Family Based-Alternative contract with EveryChild to ensure continued implementation of the project in areas of the state with high concentrations of children residing in institutional settings. The HHSC continued to chair and/or provide staff support to multi-participant child-focused councils including: Task Force for Children with Special Needs, Council on Children and Families, and Children's Policy Council.

6.2 Summary Progress, Challenges, and Opportunities

Since 2002, systemic improvements have contributed to significantly increased opportunities for achieving the goal of family life envisioned by S.B. 368. The state's efforts to implement permanency planning have been achieved by collaboration among HHSC, DADS, DFPS, and EveryChild.

While significant progress has been made in supporting family life for children with developmental disabilities as an alternative to S.B. 368-defined "institutions", challenges remain and opportunities for further progress are summarized below.

System Progress Since 2002

Significant progress has been made in family-based alternative care in the past 12 years. More than 4,700 children have moved from S.B. 368-defined "institutions" to families as a result of increased interest, capacity, and access to family-based services and supports. In a state with a population approaching 27 million, 379 minor children with developmental disabilities were living in all institution types defined in the legislation as of August 31, 2014.

Upon admission of a child to a nursing facility, DADS adds the child's name to the interest list for the HCS, MDCP, and CLASS waivers. A child that is admitted to an ICF/IID, DADS adds the child's name to the interest list for the HCS waiver program. Children residing in a nursing facility can move to any one of several DADS waiver programs, using DADS' Money Follows the Person initiative.

The number of children living in large S.B. 368-defined "institutions" has been dramatically reduced to 202 minor children living in facilities with more than four residents. Families and guardians of children with developmental disabilities living in S.B. 368-defined "institutions" have been enabled to choose alternatives through the permanency planning process, which creates opportunities to imagine well-supported family life and the assistance needed to achieve it. The permanency planning process allows families and guardians to choose family-based care instead of institutional care as a result of increased availability of resources dedicated to supporting families. Families and guardians of children at risk of admission to S.B. 368-defined "institutions" have been enabled to maintain family-based care through access to family support available in Medicaid waiver programs directed to diverting admissions and reducing interest lists.

Providers have demonstrated increased interest in and capacity to offer family-based alternatives. The DADS, HHSC, DFPS, DSHS, EveryChild, and others are working on enhancements to the current system to better support children with challenging behavior and co-occurring developmental disabilities and mental health conditions. Positive Behavior Support was a focus of the recommendations of The Task Force for Children with Special Health Care Needs as well as the Children's Policy Council. Legislative action and appropriations have substantially increased access to family support and family-based alternatives through Medicaid waiver programs and targeting access to the most appropriate waiver for institutionalized children with developmental disabilities.

The family-based alternatives contract required by the permanency legislation to develop a system of family-based alternatives has significantly contributed to progress. Significant reductions in institutional use by children with developmental disabilities have been achieved through increased capacity to offer family-based alternatives. The positive contribution of EveryChild the HHSC selected contractor is widely acknowledged.

Challenges to Continued Progress

While much progress has been made, challenges remain. Even though some children in small and medium ICFs/IID have access to a limited number of HCS waivers, others remain on interest lists for services and supports that would enable them to return home or live in a family-based alternative. Although recommendations have been developed to improve support for children with behavioral challenges, implementation of recommendations is an ongoing challenge. Long-term placement with a family is at risk if supports and services are not sustained. Responsibility for transition planning is fragmented across multiple parties with variable quality.

Despite the overall decrease in the number of children in S.B. 368-defined "institutions", these institutions continue to admit children. A lack of short-term, community-based crisis support services contributes to the number of new admissions of children. The allocation of HCS waiver slots for diversion from SSLCs has been limited in number and do not apply to diversion from other types of S.B. 368-defined "institutions." Children with high medical needs are at risk of institutionalization when they age out of children's Medicaid and are no longer eligible for certain Medicaid services, especially private duty nursing.

While permanency planning routinely engages most families whose children live in S.B. 368-defined "institutions", a small but disturbing number of families have minimal or no contact with their child. In some cases, this results from living a significant distance from the child.

Opportunities for Further Progress

Opportunities to further promote family life as an alternative to S.B. 368-defined "institutions" for children with developmental disabilities includes developing more intensive and creative ways to support children with behavioral support needs in family homes including funding for positive behavior support specialists, in-home behavior supports, and statewide training for families and professionals on positive behavior support. As well as assure supports for children with high medical needs continue as they transition to adulthood so they remain in their community and with their families.

Continued improvement has been identified in the following areas of collaboration between mental health services and intellectual and developmental disability services for children with dual diagnosis. Explore ways to apply the money-follows-the-person approach used for nursing facilities to ICFs/IID that serve children and assure all waivers include a service component for alternate families. The Permanency Planning Instrument will be reviewed to determine if changes would enable additional aggregate data to be collected to enhance planning and evaluation efforts. Assure the state's transition to managed care fulfills the promise of better coordinated care and more effective use of resources to enable children to live with families instead of in institutions.

7. Conclusion

Since the implementation of S.B. 368, statistics reflect a decrease in children (ages 0 through 17) with disabilities living in large S.B. 368-defined "institutions" which are reflected in an increase of children living with their families or in a family-based alternative setting. Transitioning young adults, ages 18 through 21, are provided an opportunity to make other living arrangements in addition to staying with their families. Much of the success of this initiative is attributed to the enormous efforts and cross-collaboration of DADS, DFPS, and EveryChild having access to Medicaid waivers.

The HCS waiver includes the ability to offer family-based alternatives through a host family where specially trained alternative families in the community provide homes for children who cannot live with their birth families.

Statistics in this report reflect a significant decline in the number of children residing in facilities and S.B. 368-defined "institutions." August 2002 showed 1,259 children living in facilities. The number of children living in S.B. 368-defined facilities and institutions was 539 as of August 2014. EveryChild, DADS, and DFPS consistently work to increase the number of children transitioning from these facilities and institutions. The ultimate goal is to build on previous activities and ensure children with disabilities live in a nurtured family environment.

List of Acronyms

Acronym	Full Name
CARE	Client Assignment and Registration System
CCF	Council on Children and Families
CPC	Children's Policy Council
CLASS	Community Living Assistance and Support Services
CPS	Child Protective Services
DADS	Department of Aging and Disability Services
DBMD	Deaf Blind with Multiple Disabilities
DFPS	Department of Family and Protective Services
FY	Fiscal year
GRO	General Residential Operations
HCS	Home and Community-based Services
HHSC	Health and Human Services Commission
ICF/IID	Intermediate Care Facility for Individuals with an Intellectual Disability
LIDDA	Local Intellectual and Developmental Disabilities Authority
MDCP	Medically Dependent Children's Program
PPI	Permanency Planning Instrument
S.B.	Senate Bill
STAR+PLUS	State of Texas Access Reform PLUS Managed Care Program
SSLC	State Supported Living Centers
TxHmL	Texas Home Living Waiver