
Permanency Planning and Family-Based Alternatives Report

In Response to S.B. 368, 77th Legislature, Regular Session, 2001



Submitted to the Governor and the Texas Legislature
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PERMANENCY PLANNING

INTRODUCTION AND PURPOSE

With the passage of S.B. 368, 77th Legislature, Regular Session, 2001, the Texas Health and Human Services Commission (HHSC) was charged with monitoring child (defined in the legislation as a person with a developmental disability under the age of 22) placements and ensuring ongoing permanency plans for each child with a developmental disability residing in an institution in the state of Texas.

S.B. 368 defines “institution” as an Intermediate Care Facility for Individuals with an Intellectual Disability or Related Conditions (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 (ID) 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.

The initial semi-annual report of these efforts was filed in December 2002. Semi-annual reports have been produced at six-month intervals since that date. This report covers data and information for the period from March 1, 2012-August 31, 2012 with reference to relevant historical data necessary for evaluative purposes.

The state’s permanency planning efforts have been achieved by collaborative efforts among HHSC, the Texas Department of Aging and Disability Services (DADS), and the Texas Department of Family and Protective Services (DFPS). HHSC is required to report specific information regarding permanency planning activities to the Legislature, which includes:

- The number of children residing in 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 institution 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 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 institution in this state and have made the transition to a community-based residence.
- The number of children who previously resided in an institution and have been reunited with their families or placed with alternative families.
- The number of community supports that resulted in the successful placement of children with alternative families.

- The number of community supports that are unavailable, but necessary, to address the needs of children who continue to reside in an institution in this state after being recommended to make a transition from the institution to an alternative family or community-based residence.

SUMMARY OF AGENCY ACTIVITIES

Since the implementation of S.B. 368, HHSC, DADS, and DFPS have worked diligently to refine and improve permanency planning activities. This required continuing collaboration across divisions in each agency, as well as collaborative efforts across agencies to facilitate system changes for long-term results.

Texas Department of Aging and Disability Services

Since March 1, 2012, the following activities were initiated or completed in support of permanency planning:

- DADS continued to require local authorities (LAs) to complete 95 percent of the required permanency plans within timeframes as described in the performance contract for individuals in nursing facilities and ICF/IID.
- DADS continued to provide through the Client Assignment and Registration System (CARE) weekly reports of individuals in need of permanency planning and the timeframes for conducting permanency planning.
- DADS provided technical assistance to LA staff to assist with compliance of the permanency planning requirements as described in the performance contract.
- DADS agreed to create a new target group in the Home and Community-based Services (HCS) waiver for children in DFPS conservatorship who are residing in certain General Residential Operations (GROs). Effective August 1, 2012, the Centers for Medicare and Medicaid Services formally approved DADS' request to add the new target group to HCS which includes a reserve capacity of ten slots.

Texas Department of Family and Protective Services

- Child Protective Services (CPS) regularly discussed cases with developmental disability specialists, caseworkers, placement team staff, and external advocates, (such as EveryChild, Inc. and Disability Rights Texas) to find appropriate placements for children with intellectual and developmental disabilities whose special needs make finding placements challenging.
- CPS is collaborating with EveryChild, Inc. to find appropriate homes in the community for children in GROs selected for HCS waiver services.

- During this reporting period, five children were approved for placement in a DFPS GRO for children with intellectual and developmental disabilities. Approval for placement requires the written approval from the CPS Assistant Commissioner or her designee.
- DFPS and DADS staff worked together to implement the 2010-11 General Appropriations Act, S.B. 1, 81st Legislature, Regular Session, 2009 (Article II, Department of Family and Protective Services, Rider 48) to make 192 HCS waiver slots available to CPS youth transitioning out of DFPS care.
- DFPS developmental disability specialists continued to complete the permanency planning instrument used throughout the agencies and submit them to CPS state office for review and tracking.
- DFPS continued to chair the Transition Subcommittee of the Task Force for Children with Special Needs. (See HHSC section below for additional information on these and other related advisory committees on which DFPS participates.) DFPS participates on the crisis intervention and prevention subcommittee for the Task Force. This subcommittee is charged with developing a plan to ameliorate crises for children with special needs and increase crisis prevention across the state.

Texas Health and Human Services Commission

- HHSC continued to provide oversight of the family-based alternatives contract with EveryChild, Inc., to ensure continued implementation of the project in areas of the state with high concentrations of children residing in institutional settings.
- 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. HHSC continued to chair and provide staff support to the Task Force. The Task Force has developed a five-year plan that was submitted and posted on the agency website: (http://www.hhsc.state.tx.us/about_hhsc/AdvisoryCommittees/docs/CSN-5-year-plan.pdf) in October 2011. The Task Force is focusing its initial implementation on two priority areas: to better inform and empower families, and to improve crisis prevention and intervention efforts.
- HHSC, DADS, and DFPS continued as agency members on the Council on Children and Families. The Council 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. HHSC continued to provide staff support to the Council.

REPORTING ELEMENTS

S.B. 368 requires that a permanency plan be developed and updated every six months for each child who resides in an institution (as defined by Texas Government Code §531.151). Permanency plans are developed and updated at the local level.

Total Number of Children Residing in Institutions

S.B. 368 defines “institution” as an 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 (ID) 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. Institutions regulated by DADS include nursing facilities, community ICF/IID (small, medium, and large), state supported living centers (SSLCs), and HCS waiver settings (supervised living or residential support only). Some school-aged individuals in residence at SSLCs are admitted under a civil court commitment and some may be admitted under a criminal court commitment.

Section 531.162 (b)(1) of the Government Code requires HHSC to submit a semi-annual report on the number of children residing in institutions in this state and, of those children, the number for whom a recommendation has been made for a transition to a community-based residence, but who have not yet made that transition. This information is provided in Tables 1 and 2.

TABLE 1: NUMBER OF CHILDREN RESIDING IN INSTITUTIONS¹

Nursing Facilities	Small ICF/IID	Medium ICF/IID	Large ICF/IID	State Supported Living Centers²	HCS	DFPS GRO Facility	DFPS Other Licensed Facility	Total
73	275	59	32	241	643	77	42	1,442

TABLE 2: TOTAL IN FACILITIES REGULATED BY DADS BY AGE

Type of Facility	Number of Individuals	Percentage of Overall Placements	Number of Young Adults over 18 years	Number of Minor Children
HCS Group	643	53%	454 (71%)	189(29%)
Small ICF/IID	275	22%	214 (78%)	61 (22%)
Medium ICF/IID	59	5%	52 (88%)	7 (7%)
Large ICF/IID	32	3%	31 (97%)	1(3%)
Nursing Facilities	73	6%	31 (42%)	42 (58%)
SSLC	241	20%	139 (58%)	102 (42%)

¹ Data reflect the number of children residing in an institution as of August 31, 2012. Table 1 includes 68 DFPS children in DADS facilities (nursing facilities, ICF/IID and SSLCs).

² Of the 241 school-aged individuals in residence as of August 31, 2012 105 were admitted under a criminal court commitment.

**TABLE 3: NUMBER OF CHILDREN UNDER DFPS CONSERVATORSHIP
WITH DEVELOPMENTAL DISABILITIES
BY FACILITY TYPE**

	DFPS Children Under Age 22
DADS Facilities	
Small ICF/IID	8
Medium ICF/IID	2
Large ICF/IID	2
State Supported Living Centers	6
Nursing Facilities	0
HCS	51
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	69
DFPS General Residential Operations (GRO) Facility Providing Long-Term Residential Services	
Independent Foster Group Home	0
DFPS Licensed Institution for ID	64
Basic Care Facility	13
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	77
Other DFPS Licensed Facilities^[1]	
Residential Treatment Center	79
Other Group Settings	42
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	121
Total Children in DFPS Licensed Facilities	198
Total DFPS Children in all Facilities	267

By agreement with HHSC, for purposes of this report, DFPS will target permanency planning reporting efforts of foster youth with developmental disabilities placed in DFPS Licensed Institutions for ID. As noted in Table 3, there were 64 foster children with disabilities residing in DFPS Licensed Institutions for ID as of August 31, 2012:

- Mission Roads Development Center - 42 children
- Casa Esperanza - 12 children
- Shared Vision - 10 children

^[1] These are not considered to be long-term care facilities; however, DFPS continues to report these in the total number of children in facilities. "Other Group Settings" includes settings such as hospitals, emergency shelters, therapeutic camps, psychiatric hospitals and juvenile justice facilities.

TABLE 4: NUMBER OF CHILDREN RECOMMENDED FOR TRANSITION TO THE COMMUNITY

Recommendations Per Agency	Number of Children
DADS with Family/Legally Authorized Representative (LAR) Support to Move to Family Home	335
DADS with Family/LAR Support to Move to Alternate Family	152
DFPS	64
Total	551

Circumstances of Each Child Residing in an Institution

Attachment A (Demographics by County – Child) and Attachment B (Demographics by County – Parent/Guardian) contain information on type of facility, age of child, length of time in the institution, and county of residence for child and parent/guardian. Data for this report was drawn from children residing in institutions as of August 31, 2012. Data regarding age and length of time in an institution data are calculated based on the date the data was submitted to HHSC.

Permanency Plans Developed for Children in Institutions

S.B. 368 requires that every child residing in an institution have a permanency plan developed and updated semi-annually. 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 temporary or permanent placement with a support family.

The information below is categorized by state agency responsible for the activity to describe the number of permanency plans developed and any barriers encountered in that process. Each state agency has statutorily defined oversight responsibility for permanency plans where children reside.

Permanency Planning in Institutions Regulated by the Texas Department of Aging and Disability Services

DADS has delegated responsibility for conducting permanency planning activities to the 39 LAs, as delineated in DADS’ Performance Contract with the LAs. The permanency planning activities are completed by service coordinators who work for the LAs.

TABLE 5: PERMANENCY PLANS COMPLETED BY DADS

Nursing Facilities	Small ICF/IID	Medium ICF/IID	Large ICF/IID	SSLC	HCS	Total
64	267	55	32	236	638	1,292

Permanency Planning at the Texas Department of Family and Protective Services

DFPS continues to conduct permanency planning by completing and reviewing the Department's Child Service Plans that are required for all children placed in substitute care in order to meet federal requirements. Permanency planning information is also submitted to the courts for regularly scheduled court reviews (Permanency Hearings for cases in temporary legal status and Placement Review Hearings for cases in permanent legal status with the Department). For children in care who have developmental disabilities and who are placed in certain facilities, DFPS also completes the HHSC Permanency Planning Instrument to assist with permanency planning activities and comply with reporting requirements.

TABLE 6: PERMANENCY PLANS COMPLETED BY DFPS

Total Plans Completed	Total Plans Required
25	32

For the reporting period, DFPS had responsibility for preparing Permanency Planning Instrument reports on 32 of the 64 children in institutions. As of August 31, 2012, DFPS sent permanency information on 25 plans to HHSC for DFPS youth. DFPS service plans that included permanency plans were completed on all of these children. Court reviews for these children, which contained information regarding permanency issues, were current for these children/youth.

Movement of Children from Institutions to the Community and to Families or Family-Based Alternatives

Staff at local agencies have taken important and necessary steps in communicating available options to families and initializing the identification of needed supports. Ongoing review of data demonstrates that the number of children moving from institutions into the community, either to their own family home or to a support family, continues at a steady pace. Additionally, other children have moved from larger institutions into less restrictive institutions in the community.

These data reflect movement of children from institutions to the community during a six-month period ending August 31, 2012. (For information regarding children who are in the process of moving, see *Community Supports Unavailable for Children Recommended for Community Movement*.)

While every effort is made to encourage reunification of children with birth families, there are some instances when this is not in the best interest of the child or family. In those situations, the preferred alternative for a child may be a support family, also known as a family-based alternative. Family-based alternatives are defined in S.B. 368 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." While active recruitment of families continues, the number of children in need exceeds the current availability of support families. Across agencies, for the six-month reporting period described above ending August 31, 2012:

- 277 total children with developmental disabilities left an institution for a family, family-based setting, or other less restrictive setting. Of this total:
 - 158 children moved to less restrictive environments (other than family-based settings).
 - 119 children moved to family-based settings.

The details by agency are as follows:

Texas Department of Aging and Disability Services

During the period of March 1, 2012, through August 31, 2012, 184 individuals moved to a less restrictive setting:

- 111 individuals moved to HCS supervised living or residential support or a smaller ICF/IID.
- 29 individuals returned home.
- 44 individuals moved to an alternate family.

Texas Department of Family and Protective Services

During the period of March 1, 2012, to August 31, 2012, there were 93 children that transitioned to a less restrictive setting in the community:

- 47 children moved to less restrictive institutional settings (HCS group homes, small ICFs/MR or foster group homes) from another institutional placement.
- 46 children transitioned to family settings (HCS family homes, foster family homes, relative homes, or independent living).

Community Supports Necessary to Transition Children to Support Families

The desired outcome is to provide a family for every child residing in an institution. In some instances, this means providing specialized supports to allow the child and family to thrive as independently as possible in the community. For many children, these specialized supports take the form of medical equipment or staff and behavioral interventions, which may not be readily available or accessible in all communities. To reach the desired goal, specialized supports are identified and documented in the permanency plan. These supports must then be developed or located on an individual basis for each child and family. Once specialized supports are identified and located, families must be able to access supports through funding and other options.

Texas Department of Aging and Disability Services

Table 7 provides a list of support services and the number and percentage of individuals who needed each support service in order to achieve their permanency planning goal.

TABLE 7: PERCENT OF INDIVIDUALS IN DADS INSTITUTIONS WITH PERMANENCY PLANS NEEDING SUPPORT SERVICES

Support Service	Total Needing Support Service	Percent Needing Support Service
Ongoing Medical Services	553	43%
Behavioral Intervention	523	40%
Personal Attendant	463	36%
Transportation	512	40%
Night Person	460	36%
Mental Health Services	393	30%
Respite In-Home	275	21%
Respite Out-of-Home	293	23%
Training	328	25%
Crisis Intervention	270	21%
Specialized Therapies	204	16%
Child Care	185	14%
Specialized Equipment	182	14%
Family/LAR Support	153	12%
Support Family	114	9%
Specialized Transportation	103	8%
Durable Medical Equipment	92	7%
Architectural Modification	81	6%
In-Home Health	57	4%
Volunteer Advocate	33	3%

Table 8 illustrates the service needs that were identified for those individuals.

TABLE 8: SERVICE NEEDS OF INDIVIDUALS IN DADS INSTITUTIONS WHO REUNITED WITH FAMILY OR MOVED TO ALTERNATE FAMILY

Service Type	Number Who Needed These Services to Reunite with Family	Number Who Needed These Services to Live with an Alternate Family
Ongoing Medical Services	16	15
Behavioral Intervention	14	19
Personal Attendant	12	11
Transportation	15	18
Respite In-Home	34	9
Mental Health Services	13	14
Respite Out-of-Home	35	8
Night Person	9	11
Crisis Intervention	10	12
Specialized Therapies	7	4
Training	10	11
Specialized Equipment	38	6
Durable Medical Equipment	1	3
Family/LAR Support	3	5
Support Family	5	2
Architectural Modification	0	3
Child Care	5	5
Specialized Transportation	5	5
In-Home Health	1	2
Volunteer Advocate	1	1

Texas Department of Family and Protective Services

Supports that have facilitated the transition of children into the community include:

- Completion of DFPS requirements to reduce the risk factors for parents to safely care for their children in their home.

- Adoptive recruitment efforts for parents willing to parent a child with medical/cognitive/physical disabilities.
- Enrollment in Medicaid waiver programs.
- SSI funding and Medicaid eligibility.
- Community supports and resources available as needed.
- Interagency cooperation (DADS/DFPS) to ensure children are on interest lists and local service areas are processing requests.
- EveryChild, Inc., HHSC's family-based alternatives contractor, exploring support family alternatives to institutional care, wrap-around, and other services for children with disabilities in an effort to transition children from institutional settings into the community.
- Knowledgeable resource personnel who assist caseworkers (such as Developmental Disability Specialists).
- Foster families willing to work with children with special needs.
- Rider 37, making additional HCS waiver slots available to CPS youth transitioning out of care.
- Efforts of the Texas Integrated Funding Initiative and the Community Resource Coordination Groups.

Community Supports Unavailable for Children Recommended for Movement to the Community

For some children recommended to move to the community, the identification and location of specialized supports has been accomplished but a financial barrier remains. Funding is needed for these supports. For other children, supports are identified but the location and accessibility to the supports are not available on a timely basis, such as community services with waiting lists. For still others, the identification of and funding or accessibility to a specialized support is available, but the support service is not available in their particular community.

Texas Department of Family and Protective Services

Supports unavailable for children recommended for movement to the community include:

- Available family placements,
- Respite in-home services,
- Respite out-of-home services,
- Child care services,
- Behavior intervention services, and
- Other Medicaid waiver resources for children currently in out-of-home care.

Children in DFPS conservatorship were removed from families due to issues of abuse and/or neglect. In some cases, the parents are still working with DFPS to resolve these issues so that the children can be safely returned to them. In other cases, DFPS is trying to find a relative or some other alternative family to care for the child on a permanent basis (through adoption, transfer of conservatorship, or through DFPS maintaining conservatorship and placement of the child with a foster family willing to make a commitment to the child).

More Medicaid waiver slots are needed, including more flexible waiver programs to meet the unique circumstances of children with disabilities. Additionally, available foster families that are skilled, trained, and willing to work with children with disabilities, such as foster families that can effectively communicate with children who are deaf are needed. Needed supports include in- and out-of-home respite services, child care (including day care), and behavior intervention services for children with co-existing diagnostic issues.

SUMMARY AND TRENDS IN DATA

S.B. 368 includes HCS supervised living and residential support in the definition of an institution. Including children in HCS settings, the total number of children with developmental disabilities residing in institutions has declined 14 percent in the past 10 years.

When HCS settings are excluded, the data reveals a decline of 43 percent in the number of children residing in DADS facilities since 2002, as children have experienced a shift to smaller, less restrictive environments. The number of individuals living in all types of DADS institutions, except HCS, decreased three percent in the past year. Excluding HCS, the total number of children in DADS and DFPS facilities combined decreased 10 percent over the past year, while showing an overall decline of 41 percent since 2002.

**TABLE 9: TRENDS IN NUMBER OF CHILDREN RESIDING IN INSTITUTIONS
BY FACILITY TYPE 2002-2012**

Institutional Type	Baseline Number as of 8/31/02*	Number as of 8/31/11	Number as of 8/31/12	Percent Change since August 2002*	Percent Change in Past Year
HCS	312	642	643	106%	0%
Small ICFs/IID	418	274	275	(34)%	0%
Medium ICFs/IID	39	65	59	51%	(9)%
Large ICFs/IID	264	20	32	(88)%	60%
State Supported Living	241	258	241	0%	(7)%
Nursing Facilities	234	85	73	(69)%	(14)%
DFPS Facilities	167	186	119	(29)%	(36)%

Total DADS Facilities	1,508	1,344	1,323	(12)%	(2)%
Total DADS Facilities Without HCS	1,196	702	680	(43)%	(3)%
Total DADS and DFPS	1,675	1,530	1,442	(14)%	(6)%
Total DADS and DFPS Without HCS	1,363	888	799	(41)%	(10)%

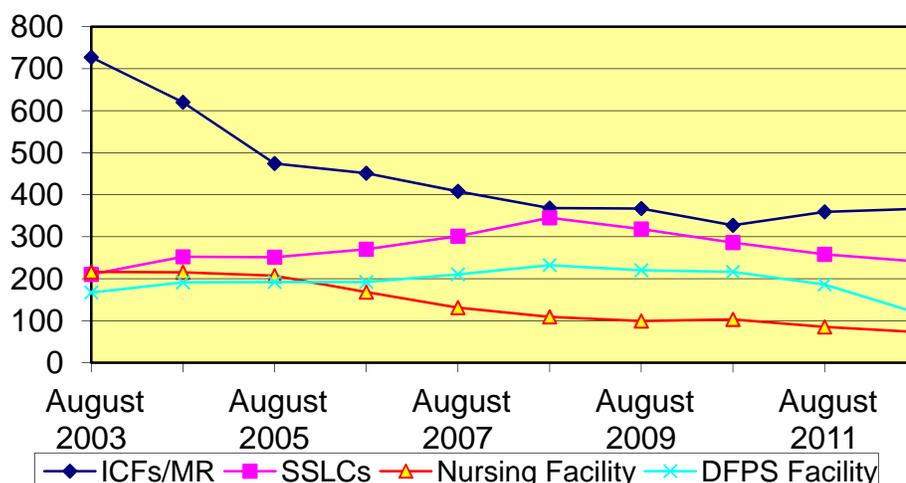
*Baseline data for DFPS facilities as of August 31, 2003.

While data shows an overall increase in the number of individuals moving to smaller settings over the past ten years, there have been a couple of exceptions. The number of children residing in SSLCs had trended upward between 2002 and 2008. However, that number is down 7 percent from last year, and has declined 30 percent since its peak in 2008. It now stands right at the baseline number seen in 2002. The number of children in medium size ICF/IID, while relatively small has trended upward, but has fallen in the past year. An increase of 12 children in large ICFs/IID contributed to a 60 percent increase over the past year. However, the overall trend is down 88 percent from 2002.

The number of children in DFPS facilities has decreased 29 percent since August 2003, the first full year for which data was available. However, the number of children in DFPS facilities has dropped 36 percent in the past year, and 48 percent since peaking in 2008. The decreased number of DFPS children in large facilities is attributed to an increase in the number of HCS slots allocated through DADS, and intense work to avoid placements in the most restrictive settings, such as SSLCs and GROs, which has resulted in more successful placements in other settings such as foster homes.

Excluding HCS, there were 89 fewer children living in all DADS and DFPS facilities combined as of August 31, 2012, compared to a year earlier, and 564 fewer compared to the baseline year (August 2002 for DADS, August 2003 for DFPS).

TABLE 10: NUMBER OF CHILDREN RESIDING IN INSTITUTIONS BY FACILITY TYPE



*2002 Data for DFPS is incomplete; therefore baseline data used in this report for DFPS facilities is as of August 31, 2003

With assistance from HHSC's family-based alternatives contractor (EveryChild, Inc), DADS, DFPS, child placement agencies, and Medicaid waiver providers have continued to work together enabling children to return to their natural home, finding family-based alternatives, or placing children in less restrictive living arrangements. During the 12-month period ending August 31, 2012, 277 children moved into less restrictive or family-based settings:

- 119 children were moved from institutions (not including Residential Treatment Centers) to family-based settings.
- 158 children moved from an institution (not including Residential Treatment Centers) to a less restrictive setting under an arrangement other than a family or family-based alternative.

Since 2003, over 2,100 children have moved back to their birth families or to family-based alternatives and a similar number have moved to other less restrictive environments, bringing the total number of children moved from institutions to over 4,200.

FAMILY-BASED ALTERNATIVES

BACKGROUND

Basis for Development of Family-Based Alternatives

Child development experts and research concurs that children are physically and emotionally healthier when they grow up in well-supported families. As illustrated in the Permanency Planning section of this report, approximately 1,442 children and young adults (ages birth through 22 years of age) with developmental disabilities reside in long-term care institutions. S.B. 368 recognized the need to develop family-based alternatives (FBA) for children with developmental disabilities who could not live with their birth families and established that “*the purpose of the system of family-based alternatives...is to further the state’s policy of providing for a child’s basic needs for safety, security, and stability through ensuring that a child becomes a part of a successful permanent family as soon as possible.*”

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 contract to EveryChild, Inc., and renewed the contract for the four subsequent years. In 2007, a request for proposals was solicited to continue to develop a system of family-based alternatives; EveryChild, Inc., (hereafter identified as the FBA contractor) was awarded this contract. The contract was renewed in 2008, 2009, 2010, 2011, and 2012.

ACTIVITIES AND ACCOMPLISHMENTS

Family-Based Alternatives Contractor Data

Overall, the FBA contractor’s strategy for developing a system of family-based alternatives involves a number of interrelated elements:

- *Working with birth families or guardians* to help them feel comfortable in exploring family-based alternatives to institutions for their children.
- *Working with providers* to increase their interest and expertise in offering family-based alternatives in order to increase the state’s capacity to provide family-based alternatives to institutions.
- *Working with coordinators* including LA service coordinators, permanency planners, case managers, and others who participate in permanency planning and waiver enrollments to assure the “best fit” of a family-based alternative with the child’s needs and the birth family’s/legally authorized representative’s (LAR) preferences and to assure thorough

preparation of families to care for children and transition planning to assure availability and adequacy of supports to ensure longevity of placement.

- *Working with policy and decision-makers* to increase awareness of barriers, to work collaboratively to develop solutions, and to promote systems change by providing technical assistance, training, and consultation that promotes a best-practices model of family-based alternatives.

Achievement of Family Life for Children Living in Institutions

Over the ten years of the FBA contract, dramatic changes have occurred in the number of children living in large facilities. The FBA contractor has contributed significantly to increased awareness and increased capacity to offer family-based alternatives, which is reflected in the significant reduction of children’s placements in large facilities reflected earlier in this report.

Over the past four years, the FBA contractor efforts have shifted from direct work with children and families to more work at the policy level to affect the systemic change envisioned by the legislation. The FBA contractor continues to work with a significant number of children and families/LARs so as to understand experience in the field and inform recommendations. The FBA contractor has continued to provide intensive assistance and collaboration to facilitate children moving from facilities to families.

**TABLE 11: CHILDREN MOVED TO FAMILIES FROM INSTITUTIONS
OR DIVERTED FROM INSTITUTIONS
WITH FBA CONTRACTOR ASSISTANCE**

Children Moved or Diverted to Families from Institutional Settings	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	Total
Returned to Birth Families	2	1	4	8	20	12	11	8	8	11	85
Placed with Support (Alternate) Families	8	10	22	21	33	32	24	27	18	17	212
Totals	10	11	26	29	53	44	35	35	26	28	297

The FBA contractor has focused efforts on the state’s largest facilities and facilities with the largest number of children. Of the 297 children placed with FBA contractor assistance since 2002, 218 (73 percent) were placed from large facilities.

**TABLE 12: TYPE OF FACILITY FROM WHICH CHILDREN MOVED TO FAMILIES
WITH FBA CONTRACTOR ASSISTANCE**

Type of Facility From Which Children Moved	Total Children Moved to Families as of August 31, 2012
Large Facilities	
Nursing Home	107
ICF (Large)	69
DFPS Institution for IID	28
State School	11
State Hospital	1
RTC	1
School for the Blind	1
	<hr/>
	218
Medium and Small Facilities	
ICF Group Home (Medium or Small)	29
HCS Group Home	20
DFPS Group Home	3
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	52
Diverted from Institutional Admission	27
Total	<hr/>
	297

Activities Contributing to Development and Implementation of a System of Family-Based Alternatives

Working with Families and Guardians

The FBA contractor has had contact with hundreds of families and guardians to explain options. Contacts have been made with families or guardians of children living in facilities as well as families who were at risk of placing their child in an institution. This contact has resulted in 270 children moving from a facility to a family home, 27 children being diverted from facility admission to an alternate family home, and 60 currently institutionalized children whose families or guardians are exploring the possibility of moving to a family situation.

Working with Providers

The FBA contractor has sought to expand capacity to offer family-based alternatives by collaborating with provider organizations responsible by contract and/or licensure for recruiting, assessing, and training alternate families. The FBA contractor has collaborated closely with a range of providers to achieve family-based alternatives and grow their organization’s capacity and expertise. Collaborations with 56 providers have resulted in placements of 212 children with alternate (support) families.

The FBA contractor has worked with providers across state agencies and waiver types.

TABLE 13: RESOURCES USED FOR CHILDREN WHO MOVED TO FAMILIES WITH FBA CONTRACTOR ASSISTANCE

Funding Source/State Agency	Returned to Birth Family	Placed with Alternate Family	Total (as of August 31, 2012)
CBA/DADS	2		2
CLASS/DADS	22	5	27
HCS/DADS	43	176	219
MDCP/DADS	16	1	17
Title IV/DFPS		30	30
No funding (non-permanent resident)	2		2
Totals	85	212	297

Positive Behavior Support

One of the most frequent reasons for admission and continued stay in congregate care is challenging behavior. The FBA contractor has worked with providers to promote positive behavior support (PBS) as an effective approach to working with children with challenging behavior. The FBA contractor has conducted comprehensive functional behavior assessments of ten 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.

Working with Coordinators

The FBA contractor has sought to ensure appropriate supports are offered to enable movement of children from institutions to family homes by providing training, technical assistance, and consultation to coordinators across the state (including LA service coordinators, permanency planners, case managers, and others who participate in permanency planning, waiver enrollments, and subsequent placement transition planning and activities).

Working with Policy and Decision-Makers

The FBA contractor has been a frequent participant and contributor in state agency workgroups and stakeholder forums for children with special needs. The FBA contractor has become a valued resource with expertise across systems and waivers.

**TABLE 14: TRAINING, TECHNICAL ASSISTANCE, AND CONSULTATION ACTIVITIES
BY FBA CONTRACTOR IN FISCAL YEAR 2012**

Membership and Participation in Advisory Councils and Stakeholder Forums

Forum	Comment
Promoting Independence Advisory Committee	Appointed Member Representing Children
Children’s Policy Council	Community-Based Services Consultant
Money Follows the Person and Balancing Incentive Program Advisory Subcommittee	PIAC Subcommittee Member
Children’s Policy Council DME Advisory Committee	

Policy Work on Key Issues

Issue	Recommendation	Input to Forum or Report
Intensive in-home behavioral supports	Amend Medicaid waivers to include intensive in-home supports to individuals at risk of institutionalization and for individuals exiting institutions	<ul style="list-style-type: none"> • Balancing Incentive Program • Promoting Independence Advisory Committee Stakeholder Report • Children’s Policy Council Legislative Report • DADS Legislative Appropriations Request • DFPS Legislative Appropriations Request • HCS, MDCP, CBA Medicaid Waiver Renewals • Task Force for Children with Special Needs
Crisis intervention	Develop regional crisis intervention teams to support individuals with complex behavioral or medical needs to remain safely in the community	<ul style="list-style-type: none"> • Same as above

Positive Behavior Support training	Provide training of professionals, direct care workers, and families on positive behavior support to increase quality of life, decrease challenging behavior and prevent more costly and intensive services in the future	<ul style="list-style-type: none"> • Same as above
Access to family-based alternatives for children living in institutions or at risk of institutionalization	Assure family-based alternatives in all Medicaid waivers serving children	<ul style="list-style-type: none"> • Promoting Independence Advisory Committee Stakeholder Report • MDCP waiver renewal
	Enhance quality of unrelated foster/ companion care in the Home and Community-Based Services (HCS) waiver	<ul style="list-style-type: none"> • HCS waiver renewal
	Provide access to HCS waiver for children living in General Residential Operations licensed by the DFPS	<ul style="list-style-type: none"> • Promoting Independence Advisory Committee Stakeholder Report • DADS Legislative Appropriations Request • DFPS Advisory Council
Medicaid Managed Care	Exclude SSI eligible and SSI-related children from managed care roll out in rural service areas until system has adequate network and families can be educated	<ul style="list-style-type: none"> • Stakeholder Meetings with Health and Human Services Commission and Texas Department of Aging and Disability Services
Redesign of long term services and supports for individuals with developmental disabilities	Reforms needed to better support children to live with families: Eligibility Assessments Behavioral Supports Acute Care Access Case Management	<ul style="list-style-type: none"> • Children’s Policy Council Presentations to HHSC and DADS • DADS Stakeholder Hearing • DADS IDD System Workgroup
Foster Care Redesign	Include specific plans for children with disabilities in the foster care redesign	<ul style="list-style-type: none"> • DFPS Advisory Council

Comprehensive information for families of children with special needs

Content for website for families of children with special needs

- Children’s Policy Council
- Task Force for Children with Special Needs

Supports for children with dual diagnosis of mental health condition and developmental disabilities

Expand the YES waiver

Better coordination between Department of State Health Services and Department of Family and Protective Services

Assure alternatives to the relinquishment of parental rights for the sole purpose of obtaining treatment services

- Children’s Policy Council Legislative Report
- Promoting Independence Advisory Committee Stakeholder Report
- Meetings with Child Protective Services (CPS) and the Department of State Health Services
- Task Force for Children with Special Needs
- Task Force for Children with Special Needs
- Children’s Policy Council Legislative Report

Training and Technical Assistance Activities

Audience or Conference	Topic
HCS providers	Family-based Alternatives for Children
Disability Rights Texas	Medicaid and Medicaid waiver services for children
HCS Providers and Child Placing Agencies DFPS Disability Specialists	Organization-wide implementation of PBS
Parent to Parent Conference	PBS
Children with Special Needs In-Kidable Conference	Community Services and Supports for Children with Disabilities
	Community Services and Supports for Children with Disabilities

Hogg Foundation Study

The FBA contractor was awarded a two-year grant from the Hogg Foundation for Mental Health to conduct a policy study regarding children with developmental disabilities and mental health diagnoses in CPS custody. The FBA contractor sought funding for the study after finding that 70 percent of children living in large facilities contracted by DFPS for children with intellectual disabilities have co-occurring mental health conditions. Grant activities this year included literature reviews, interviews with key informants within and outside Texas, and review of public

documents and reports within and outside Texas relevant to the grant’s target group. The findings have enabled the FBA contractor to suggest ways to develop a more robust and intensive foster family model that could contribute to reduction of congregate care use. The following attributes of such a model have contributed to successful foster care of children with developmental disabilities and mental health needs in other states.

1. Interdisciplinary team support for foster families.
2. Close monitoring and supervision of foster families by team staff.
3. Treatment based on PBS.
 - a. Training for foster parents and agency staff on PBS.
 - b. In-home coaching and modeling by staff trained in PBS.
4. Reduced number of children per foster family.
5. Enhanced stipends to foster families.

System Changes

The FBA contractor’s technical assistance and consultation activities over the past ten years have contributed to important systemic changes that have increased the availability of support for families and family-based alternatives.

Supplemental Funding

Since 2002, the FBA contractor has been able to attract significant resources to supplement the development of a system of family-based alternatives.

TABLE 15: GRANTS AWARDED TO FBA CONTRACTOR TO SUPPORT SYSTEM’S FUNCTIONS

Source of Grant	Amount
American Legion Child Welfare Foundation	\$40,000
Brown Foundation	5,000
Dell Foundation	2,000
Gordon Hartman Family Foundation	7,500
Hogg Foundation for Mental Health	163,622
Clarence B. and Florence E. King Foundation	33,600
Meadows Foundation	112,500
Learning Community Initiative	150,000
RGK Foundation	15,000
Texas Cavaliers	22,800
Texas Council for Developmental Disabilities	764,678

Texas Department of State Health Services

167,000

Total

\$1,483,700

SYSTEM PROGRESS AND CHALLENGES

Substantial Progress

- Over 2,100 children have moved from facilities to families in the past 10 years as a result of increased interest, capacity, and expertise.
- There has been a dramatic reduction in the number of children living in large facilities.
- Access to substantially increased numbers of Medicaid waivers, appropriated through legislative action to divert admissions, reduce waiting lists, and through riders targeting best fitting waivers for institutionalized children, has enabled families and guardians to choose family-based care instead of institutional care.
- Since S.B. 368 was enacted, improvements in permanency planning have included development of a uniform tool, changes in responsibility for permanency planning, and availability of training and technical assistance from the FBA contractor.
- Interest and capacity of the provider community in offering family-based alternatives has been increasing.
- Availability of resources dedicated to the development of family-based alternatives has significantly contributed to progress and the positive contribution of the FBA contractor has been widely acknowledged.

Challenges to Continued Progress in Developing Family-Based Alternatives

- Children and young adults with behavioral challenges represent the largest proportion of institutional residents. Supports and services are often not adequate or readily available to enable longevity of placement with a family.
- For a small but significant number of children and young adults, families or LARs have had minimal or no contact, have not participated in permanency planning, and/or live a significant distance from the child.
- Despite significant movement of children from facilities to families, new facility admissions continue. Diversion waivers have prevented some admissions, but short-term community-based crisis support has not been sufficient to prevent admissions to long-term care facilities.
- Children and young adults living in large facilities operated by DFPS are not included in the Promoting Independence Plan that seeks to assure community-based alternatives. Priority access to disability providers has been limited to a small number of children in these facilities. .

- The thoroughness of transition planning to activate a desired family-based alternative is of variable quality with responsibility for transition planning fragmented across multiple parties.

OPPORTUNITIES FOR FURTHER PROGRESS

- Develop more intensive and creative ways to support children with behavioral support needs in family homes including funding for PBS specialists, in-home behavior support aides, and statewide training for families and professionals in PBS. Consider utilizing the Balancing Incentive Program to support expanded expertise in PBS.
- Improve collaboration between mental health services and developmental disability services for children and young adults with dual diagnoses.
- Include DFPS facilities licensed for children with disabilities in the Promoting Independence Plan.
- Explore ways to apply the Money Follows the Person approach used for nursing homes to all congregate care settings serving children.
- Offer diversion waivers to children at risk of nursing facility admission similar to diversion waiver offers for SSLCs.
- Assure all waivers include a component for alternate families.
- Develop outreach behavior consultation teams to address crises and prevent admissions to congregate care facilities.