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# **Permanency Planning and Report**

In Response to S.B. 368, 77<sup>th</sup> Legislature, Regular Session, 2001

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Submitted to the Governor and the Texas Legislature

**October 2014**

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## INTRODUCTION AND PURPOSE

With the passage of S.B. 368, 77<sup>th</sup> 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.

Government Code Section, 531.151 (3), defines “institution” as an Intermediate Care Facility for Individuals with an Intellectual Disability (ICF/IID), a Medicaid waiver group home under the authority of the Department of Aging and Disability Services (DADS), a foster group home or agency foster group home, a nursing facility, an institution for people with an intellectual disability (ID) licensed by the Department of Family and Protective Services (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 the Home and Community-based Services (HCS) waiver program residential settings (i.e., supervised living or residential support).

By agreement with HHSC, for purposes of this report, DFPS targets permanency planning reporting efforts of foster youth placed in DFPS Licensed Institutions for ID.

Department of Family Protective Services 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 DFPS). 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.

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 September 1, 2013 - February, 2014, with reference to relevant historical data necessary for evaluative purposes.

The state’s permanency planning efforts have been achieved by collaborative efforts among HHSC, DADS, DFPS and the family-based alternatives contractor, EveryChild, Inc. The 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.

# PERMANENCY PLANNING REPORT

## SUMMARY OF AGENCY ACTIVITIES

Since the passing of S.B. 368, Government Code Section, 531.159 (a), defines each health and human services agency role in monitoring permanency planning. The 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. The HHSC, DADS and DFPS are active in the three councils listed below:

*Task Force for Children with Special Needs*, S.B. 1824, 81<sup>st</sup> 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 HHSC continued to chair and provide staff support to the Task Force. The Task Force has developed a [five-year plan](#) and is focusing its initial implementation on two priority areas to: better inform and empower families and improve crisis prevention and intervention efforts.

*Council on Children and Families*, S.B. 1646, 81<sup>st</sup> 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 HHSC continued to provide staff support to the CCF. The CCF 2014 biennial report will be available in December 2014.

*Children's Policy Council*, H.B. 1478, 77<sup>th</sup> 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 agency website.

### 1. Texas Department of Aging Disability Services

Since September 1, 2013, the following activities were initiated or completed in support of permanency planning:

- Department of Aging Disability Services continued to require Local Authorities (LAs) through the performance contract to complete

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

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 LA must then data enter the plan into CARE within 10 days of the permanency plan review date. Local Authorities 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.

- Department of Aging Disability Services continued to make available to LAs weekly reports in CARE which include the timeframes for conducting permanency planning.
- Department of Aging Disability Services provided ongoing technical assistance to LA staff to assist with compliance of the permanency planning requirements as described in the performance contract.
- In September, the Legislature authorized funding to DADS for 25 HCS Medicaid waiver program slots for children residing in DFPS General Residential Operations (GROs) to transition to the community.

## **2. Texas Department of Family and Protective Services**

- During this reporting period, 13 children were approved for placement in a DFPS GRO for children with intellectual and developmental disabilities, and two children were approved for placement in HCS group homes. Approval for placement requires the written approval from the Child Protective Services (CPS) Assistant Commissioner or her designee.
- The DFPS and DADS staff 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.
- In September, DFPS began using the 25 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, Inc., to find appropriate homes in the community for children in GROs selected for HCS waiver services.

## **3. Texas Health and Human Services Commission**

The HHSC continued to provide oversight of the Family Based-Alternative 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.

## REPORTING ELEMENTS

Senate Bill 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 Section, 531.151. Permanency plans are developed and updated at the local level.

### 1. Total Number of Children Residing in Institutions

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. Information on the number of children in institutions is provided in Table 1.

**TABLE 1: CHILDREN IN INSTITUTIONS AS OF FEBRUARY 28, 2014**

<b>Institution</b>	<b>Overall Placement</b>	<b>All Minors</b>	<b>Individuals 18 to 21 Years Old</b>
Nursing Facilities	75	41	34
Small ICF/IID	190	36	154
Medium ICF/IID	37	3	34
Large ICF/IID	13	0	13
SSLC	200	94	106
HCS	646	192	454
DFPS-Licensed ID Institutions	51	37	14
<b>Total</b>	<b>1,212</b>	<b>403</b>	<b>809</b>

### 2. Circumstances of Each Child Residing in an Institution

Appendix A (Demographics by County – Child and Parent/Guardian) contains information on the type of facility, age of child, length of time in the institution, and county of residence for the child and parent/guardian. Data for this report was drawn from children residing in institutions during the six month period ending February 28, 2014. Data regarding age and length of time in an institution data are calculated based on the date the data was submitted to HHSC.

Ongoing review of data demonstrates 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. 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 Government Code Section, 531.060 (c)(2) 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.

### **3. Permanency Plans Developed for Children in Institutions**

Senate Bill 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 the 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.

The DADS has delegated responsibility for conducting permanency planning activities for children in ICF/IID (including SSLCs) and HCS residential settings 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.

The DFPS has developmental disability specialists who are assigned as secondary caseworkers for children placed in DFPS-licensed institutions for children with intellectual and developmental disabilities. The developmental disability specialists are responsible for completing the permanency planning instrument and submitting it to the developmental disability specialist at state office for tracking and monitoring. The developmental disability specialists coordinate with the primary caseworkers assigned to the child's case to coordinate and facilitate placement in less restrictive settings.

Responsibility for conducting permanency planning activities for children in nursing facilities is assigned to EveryChild, Inc., HHSC's family-based alternatives contractor.

Permanency plans completed for children based on the type of institution in which they resided is provided in Table 2.

**TABLE 2: PERMANENCY PLANS COMPLETED AS OF FEBRUARY 28, 2014**

<b>Institution</b>	<b>Permanency Plans Completed</b>
Nursing Facilities	59
Small ICF/IID	182
Medium ICF/IID	36
Large ICF/IID	13
SSLC	178
HCS	634
DFPS-Licensed ID Institutions	32
<b>Total</b>	<b>1,134</b>

**4. Goals Identified During Permanency Planning**

As part of the permanency planning process, one of two goals must be selected on the permanency planning instrument. In addition to the permanency planning instrument, all children in DFPS conservatorship also have a child plan completed that identifies the permanency goal and concurrent goal for each child. The options for a child using the DFPS child plan document correlate closely to the goals of the permanency planning instrument and include: family reunification; alternate family; and other arrangement. This information is reflected in Table 3.

**TABLE 3: GOALS IDENTIFIED IN PERMANENCY PLANS**

<b>Goal</b>	<b>DADS Institution</b>	<b>DFPS-Licensed ID Institution</b>
Family/Legally Authorized Representative Support To Move To Family Home	286	5
Family/Legally Authorized Representative Support To Move To Alternate Family	140	20
Other Arrangement	676	7

## 5. Community Supports Necessary to Transition Children to Support Families

For some children recommended to move to the community, the supports are identified but the location and accessibility to the supports are not available on a timely basis or in the child's home community.

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. Table 4 provides a list of support services and the number of individuals who needed each support service by institution type in order to achieve their permanency goal.

**TABLE 4: PERMANENCY PLANS NEEDING COMMUNITY SUPPORTS**

<b>Support</b>	<b>DADS Institutions</b>	<b>DFPS-Licensed ID Institutions</b>
Architectural Modification	84	1
Behavioral Intervention	493	30
Child Care	103	11
Crisis Intervention	254	17
Durable Medical Equipment	105	2
Family/Legally Authorized Representative Support	130	8
In-Home Health Services	72	1
Mental Health Services	364	17
Nighttime Supervision	431	23
Ongoing Medical Services	498	14
Personal Assistance	447	28
Respite In-Home	230	16

<b>Support</b>	<b>DADS Institutions</b>	<b>DFPS-Licensed ID Institutions</b>
Respite Out-of-Home	221	16
Specialized Equipment	180	6
Specialized Therapies	190	15
Specialized Transportation	121	2
Support Family	87	8
Other Training for Caregiver	297	10
Transportation	425	14
Volunteer Advocate	41	10
<b>Total</b>	<b>4,773</b>	<b>249</b>

## 6. Children Who Returned Home or Moved to an Alternative Family or Less Restrictive Setting

With assistance from EveryChild, Inc., DADS, DFPS, child placement agencies, and Medicaid waiver program providers have continued to work together to enable children to return to their natural home or move to family-based alternatives and other less restrictive living arrangements. This information is reflected in Table 5.

**TABLE 5: CHILDREN WHO RETURNED HOME OR MOVED TO ALTERNATIVE FAMILY OR LESS RESTRICTIVE SETTING**

<b>Institution</b>	<b>Returned Home</b>	<b>Alternative Family</b>	<b>Less Restrictive Setting</b>
DADS	18	33	82
DFPS	5	8	20
<b>Total</b>	<b>23</b>	<b>41</b>	<b>102</b>

## SUMMARY AND TRENDS DATA

Senate Bill 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 28 percent in the past 12 years.

When HCS and DFPS-licensed ID institutions settings are excluded, the data reveals a decline of 57 percent in the number of children residing in institutions 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 by 10 percent in the past year. Excluding HCS, the total number of children in DADS and DFPS institutions combined decreased by 9 percent over the past year, while showing a decline of 58 percent since 2002. Table 6 details the trend in the number of children residing in institutions since 2002.

**TABLE 6: TRENDS IN NUMBER OF CHILDREN RESIDING IN INSTITUTIONS  
BY FACILITY TYPE 2002-2014**

<b>Institution</b>	<b>Baseline Number as of 8/31/2002</b>	<b>Number as of 8/31/2013</b>	<b>Number as of 2/28/2014</b>	<b>Percentage Change Since 8/31/2002</b>	<b>Percentage Change in Six Months</b>
Nursing Facilities	234	70	75	68%	7%
Small ICF/IID	418	233	190	55%	18%
Medium ICF/IID	39	48	37	5%	23%
Large ICF/IID	264	16	13	95%	19%
SSLC	241	203	200	17%	1%
HCS	312	640	646	107%	1%
DFPS-Licensed ID Institutions	167	119	51	29%	57%
<b>Total</b>	<b>1,675</b>	<b>1,329</b>	<b>1,212</b>	<b>28%</b>	<b>9%</b>

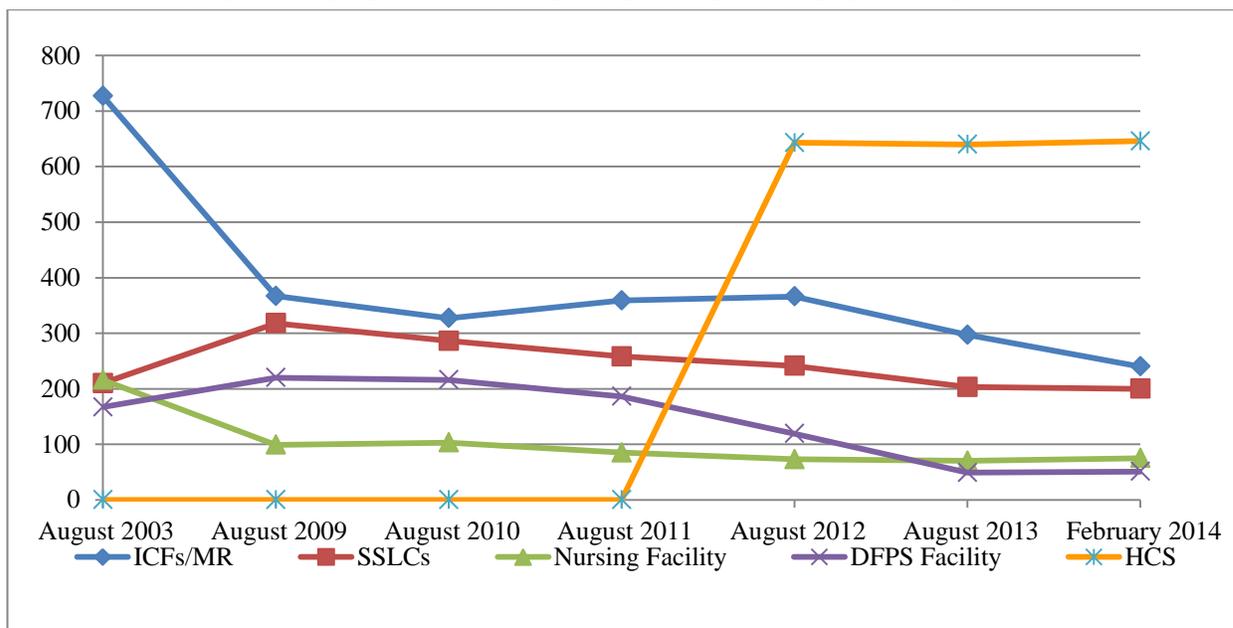
\*2002 Data for DFPS is incomplete; therefore, baseline used was data in 2003 reporting period.

The total number of children in DADS institutions has continued to decline in the past six months.

The number of children in DFPS-licensed ID institutions has decreased 29 percent since August 2003, the first full year for which data was available. The number of children in DFPS facilities has dropped 57 percent in the past year, and remains at 78 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 licensed ICF/IID, which has resulted in more successful placements in other settings such as foster homes.

Excluding HCS, there were 566 children living in all DADS and DFPS facilities as of, February 28, 2014. Compared to the previous reporting period, there were 689 living in all DADS and DFPS facilities. Overall, the total number of children residing in institutions excluding HCS has decreased. This information is provided in Table 7.

**TABLE 7: NUMBER OF CHILDREN RESIDING IN INSTITUTIONS BY FACILITY TYPE**



2002 Data for DFPS is incomplete; therefore data in 2003 was used for baseline for DFPS.

Since 2003, more than 3,400 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 more than 4,800.

## List of Acronyms

CPS – Child Protective Services

CPC – Children's Policy Council

CARE – Client Assignment and Registration System

CCF – Council on Children and Families

DADS – Department of Aging and Disability Services

DFPS – Department of Family and Protective Services

Government Code – Texas Government Code

GROs – General Residential Operations

HHSC – Health and Human Services Commission

HCS – Home and Community-Based Services

ICF/IID – Intermediate Care Facility for Individuals with an Intellectual Disability

LA – Local Authorities

S.B. 368 – Senate Bill 368

SSLCs – State Supported Living Centers

Task Force – Task Force for Children with Special Needs