Permanency Planning and Family-Based Alternatives Report

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

Texas Health and Human Services Commission
January 2017

1. Executive Summary

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

- *Permanency planning* refers to a philosophy and planning process that focuses on the outcome of family support by facilitating a permanent living arrangement with the primary feature of an enduring and nurturing parental relationship.
- *Children* is defined as individuals under the age of 22.
- *Institution* means long-term residential settings that serve from three to several hundred residents.

Following passage of S.B. 368, the state implemented permanency planning for children in an institution, defined to include Home and Community-based Services (HCS) group homes serving no more than four residents.

As of August 31, 2016, 1,153 children were living in all types of institutions. Of the 1,153:

- The majority (65 percent) were young adults, ages 18 to 21.
- More than half (55 percent) of all children were in HCS.
- A relatively small number (6 percent) of all children resided in a nursing facility.
- The vast majority (94 percent) of children had a current permanency plan.

The 1,153 represents a 27 percent decrease in all types of institutions since permanency planning was implemented in 2002. Excluding children served in HCS, the decrease was 59 percent.

From March 1, 2016, to August 31, 2016, 83 children moved from institutions. Of the 83, most moved to a family based alternative (FBA) using the specialized supports offered in one of several 1915(c) waiver programs that serve as an alternative to an institution, with the HCS waiver program selected most often. This is attributed to the availability of HCS program services and the HCS service array which includes “host home/companion care” through which a child can live in a family-like setting.

In accordance with the Government Code, the Health and Human Services Commission (HHSC) contracted with an organization to develop and implement a system to provide a child unable to reside with his or her family, the option to receive services in an FBA instead of an institution. As the FBA contractor, during the past year EveryChild worked directly with families on behalf of 40 children who moved from an institution. Since 2002, EveryChild has worked with families on behalf of more than 400 children.

The state’s progress in permanency planning is attributed to systemic changes, improvements, and coordinated efforts throughout the system. Continuing efforts are needed to ensure that all children with a developmental disability are given the opportunity to live in a nurturing family environment.

2. Introduction and Purpose

Senate Bill 368 amended Section 531.162 of the Texas Government Code (TGC) by requiring permanency planning for Texas children living in an institution. The TGC describes permanency planning as the state's policy "…to ensure that the basic needs for safety, security, and stability are met for each child in Texas. A successful family is the most efficient and effective way to meet those needs. State and local communities must work together to provide encouragement and support for well-functioning families and ensure that each child receives the benefits of being part of a successful permanent family as soon as possible."

In accordance with the statutory definition of "institution," permanency planning applies to individuals under 22 years of age residing in:

- Small, medium, and large community intermediate care facilities for individuals with an intellectual disability or related conditions (ICFs/IID),
- State supported living centers (SSLCs),
- HCS residential settings (i.e., supervised living or residential support),
- Nursing facilities, and
- Institutions for individuals with an intellectual disability (ID) licensed by the Department of Family and Protective Services (DFPS).

To achieve transitions from those institutions to family life, the TGC recognizes two options for a child – to return to the birth family or move to an FBA, with the latter being a family-like setting in which a trained provider offers support and in-home care for children with disabilities or children who are medically fragile. While permanency planning for minor children (ages 0-17) focuses on family life, permanency planning for young adults (ages 18-21) acknowledges that another community living arrangement (e.g., one's own apartment) may be a more appropriate, adult-oriented goal towards independence. The planning process also recognizes that permanency goals may change over time, as a result of a parent or legally authorized representative (LAR) whose perspective changes following fuller exploration, exposure to alternatives, or changes in family circumstances.

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

- Number of children residing in institutions in Texas and the number of those children for whom a recommendation has been made for transition to a community-based residence but who have not yet made the transition;
- Circumstances of each child, including the type and name of the institution in which the child resides, the child's age, the residence of the child's parents or guardians, and the length of time in which the child has resided in the institution;
- Number of permanency plans developed for children residing in institutions, the progress achieved in implementing those plans, and barriers to implementing those plans;
- Number of children who previously resided in an institution and have made the transition to a community-based residence;

- Number of children who previously resided in an institution and have been reunited with their families or placed with alternate families;
- Community supports that resulted in the successful placement of children with alternate families; and
- Community support services that are unavailable but necessary to address the needs of children who continue to reside in an institution in Texas after being recommended to move from the institution to an alternate family or community-based residence.

HHSC submitted the first report in December 2002, followed by updates every six months. The current report is based on information as of August 31, 2016, and reflective of activities occurring during the six-month period from March 1, 2016, to August 31, 2016. The report also includes cumulative data since 2002 and other relevant historical information for evaluative purposes.

The data provided in this report is based on the most current data available, which may be subject to timing and other limitations of the source data systems.

The TGC also requires the state to report annually to the Legislature on the development and implementation of the FBA system, including the number of children placed in an FBA during the preceding year or waiting for an available placement in an FBA, and the number of alternative families trained and available to accept placement of a child under the system. As such, this report includes a summary of EveryChild's activities and accomplishments during fiscal year 2016.

3. Permanency Planning Report

Permanency planning, as a philosophy, refers to the goal of family life for children. The permanency planning process refers to the development of strategies and marshalling of resources to reunite a child with his or her family (i.e., birth or adoptive family) or achieve permanent placement with an alternate family. The process involves families and children to help identify options and develop services and supports necessary for the child to live in a family setting. The Permanency Planning Instrument (PPI) captures the status of a child's permanency plan at the time of a semiannual review. The following information is based on aggregated data from PPIs completed as of August 31, 2016.

3.1 Total Number of Children Residing in Institutions

Table 1 shows the total number of children living in institutions by institution type, as of August 31, 2016. Of the 1,153 children, 636 were enrolled in HCS, followed by 182 in an SSLC, and 154 in a small ICF/IID. Of the remaining institution types, 74 were in a nursing facility, 48 were in a DFPS-licensed ID institution, 40 were in a medium ICF/IID, and 19 were in a large ICF/IID.

Table 1: Number of Children in Institutions, DADS and DFPS Combined as of August 31, 2016

Institution Type	Ages 0-17	Ages 18-21	Total
Nursing Facility	45	29	74
Small ICF/IID	28	126	154
Medium ICF/IID	4	36	40
Large ICF/IID	9	10	19
SSLC	81	101	182
HCS	193	443	636
DFPS-Licensed ID Institution	39	9	48
Total	**399**	**754**	**1,153**

The TGC defines institutions to include small ICFs/IID, which are group homes licensed to serve up to eight residents, and HCS, which represents small group homes serving up to four residents. By combining those categories, the data reveals that 790 children (69 percent) resided in a setting with 8 or fewer residents. Of those 790 children: 221 (28 percent) were minors, including 31 under DFPS conservatorship; and 569 (72 percent) were young adults ages 18 through 21, including 89 who were placed by DFPS.

Institutions with more than 8 residents served 363 (31 percent) of all children. Of those 363 children: 178 (49 percent) were minors, including one child under DFPS conservatorship in a medium ICF/IID; and 185 (51 percent) were young adults, including 7 young adults placed by DFPS.

3.2 Circumstances of Children Residing in Institutions

The following charts provide summary information on children residing in institutions. As shown in both Table 1 and Chart 1, the majority were young adults as of August 31, 2016. Additional detail is available upon request.

Chart 1: Age Distribution of Children, DADS and DFPS Combined as of August 31, 2016

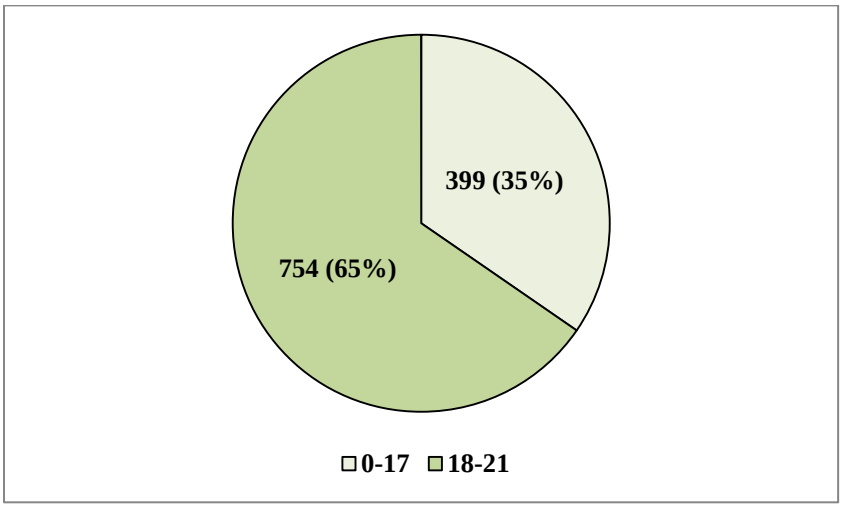
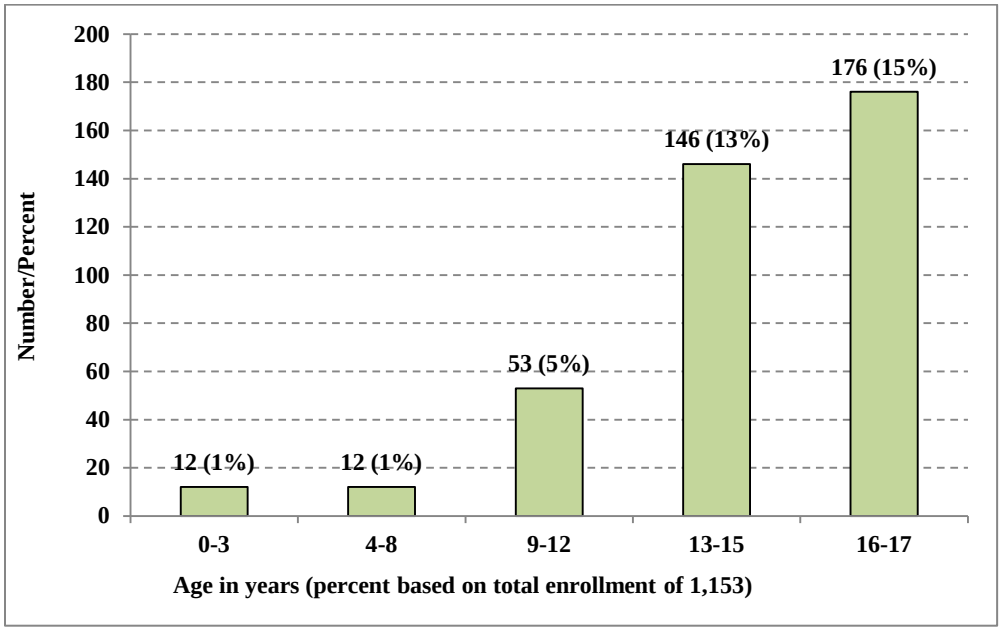


Chart 2 shows the number and percent of minors in institutions, DADS and DFPS combined. As the chart shows, 176 (15 percent) were 16 to 17 years of age, followed by 146 (13 percent) who were 13 to 15 years of age, and 77 (7 percent) who were 12 years of age or younger.

Chart 2: Age Distribution of Minors in Institutions, DADS and DFPS Combined as of August 31, 2016



As shown in Chart 3, there were more young adults than minors in all institutions, except nursing facilities and DFPS-licensed ID institutions. Compared to all other institutions, the percent of young adults in medium ICFs/IID was the highest (90 percent) followed by small ICFs/IID (82 percent) and HCS (70 percent). In DFPS-licensed ID institutions, there were significantly more minors (81 percent) than young adults. Nursing facilities also served more minors (61 percent) than young adults.

Chart 3: Age of Children by Institution Type, DADS and DFPS Combined as of August 31, 2016

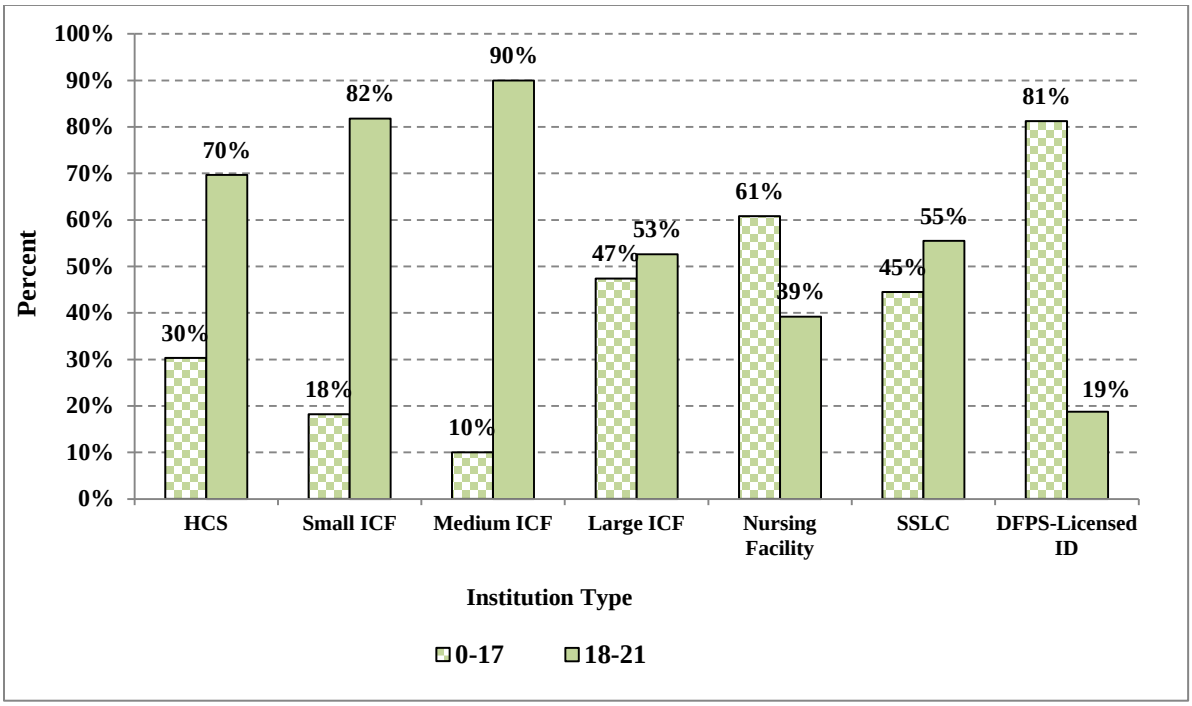
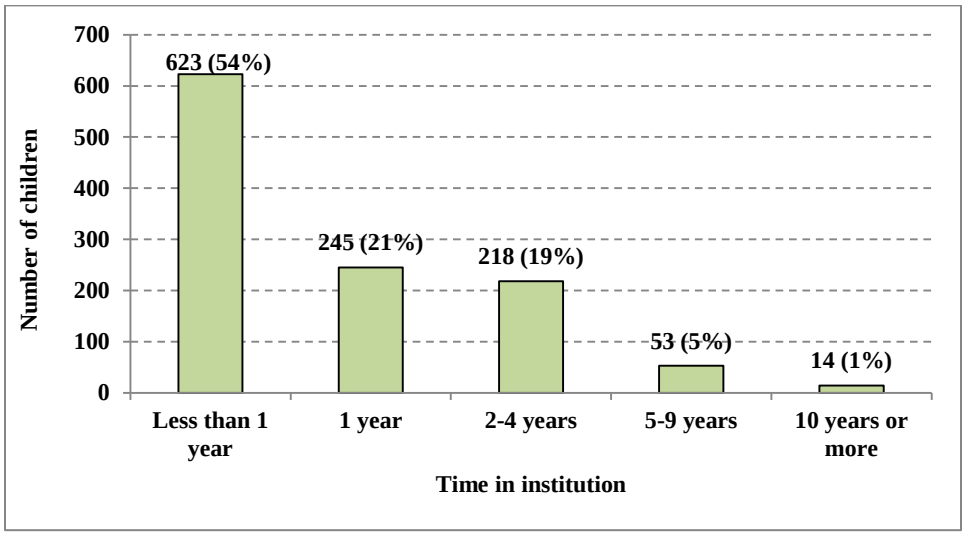


Chart 4 summarizes children's lengths of stay (LOS) in all institution types combined. The LOS was calculated using the date of the child's most recent admission to the institution and the end of the reporting period if the child was still in the program on that date.

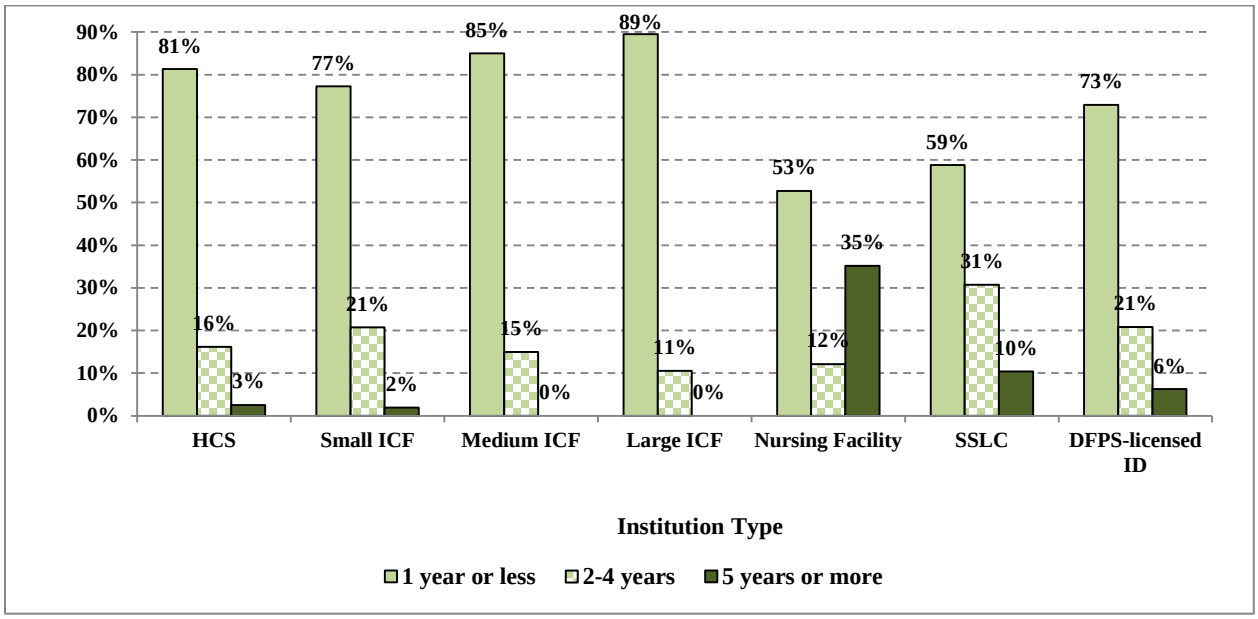
As the chart shows, over half of the children had an LOS of less than 1 year; 21 percent had an LOS of 1 year; and 19 percent had an LOS of 2 to 4 years. The remaining six percent had an LOS of five years or more.

Chart 4: Length of Stay in Institutions, DADS and DFPS Combined as of August 31, 2016



As shown in Chart 5, the majority of children within each type of institution had an LOS of 1 year or less, with large ICFs/IID having the highest percent (89 percent) and nursing facilities having the lowest percent (53 percent). Nursing facilities served the largest percent of children (35 percent) with an LOS of 5 or more years. There were no children in medium or large ICFs/IID with an LOS of five or more years.

Chart 5: Length of Stay in Years by Type of Institution as of August 31, 2016



3.3 Permanency Plans Developed for Children in Institutions

The TGC requires the state to ensure that children in institutions have permanency plans developed and updated semiannually. HHSC has assigned responsibility based on where children reside:

- Service coordinators employed by local intellectual and developmental disability authorities (LIDDAs) conduct permanency planning for children in HCS and ICFs/IID (including SSLCs).
- Developmental disability specialists conduct permanency planning for children in DFPS-licensed ID institutions.
- EveryChild, Inc. conduct permanency planning for children in nursing facilities.

Table 2 reflects the number of children for whom a permanency plan was completed during the reporting period by type of institution. As the table shows, plans were completed for 94 percent of children. The lack of a permanency plan for the remaining six percent is attributed to a delay in data entry for a completed plan or the timing of an admission (i.e., if a child is admitted to an institution on or immediately before the last day of the reporting period).

Table 2: Permanency Plans Completed as of August 31, 2016

Institution Type	Number of Children in Institutions	Number of Permanency Plans Completed	Percent of Permanency Plans Completed
Nursing Facility	74	71	96%
Small ICF/IID	154	141	92%
Medium ICF/IID	40	35	88%
Large ICF/IID	19	16	84%
SSLC	182	173	95%
HCS	636	609	96%
DFPS-licensed ID institution	48	44	92%
Total	**1,153**	**1,089**	**94%**

3.4 Number of Children Who Returned Home or Moved to an FBA

The TGC encourages parental participation in planning and recognizes parental or LAR authority for decisions regarding living arrangements. Goals established during the planning process reflect the direction in which permanency planning is moving. While every effort is made to encourage reunification with the child's family, families or LARs are sometimes unable to bring the child home. In those situations, the preferred alternative for a child may be an FBA. HHSC, DADS, DFPS, EveryChild, Inc., and their partners (e.g., waiver program providers and child placement agencies) have continued working together to enable children in institutions to move back home or to an FBA. Table 3 shows that of the 83 children who left an institution during the past 6 months, 57 (69 percent) moved to an FBA.

Table 3: Children Returned Home or Moved to an FBA as of August 31, 2016

Agency	Home	FBA	Total
DADS	11	46	57
DFPS	15	11	26
Total	**26**	**57**	**83**

3.5 Community Supports Resulting in Successful Return Home or to an FBA

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

The supports needed by a child and his or her family or LAR may vary by type, frequency, and intensity. The supports can be provided through a variety of ways, depending on the needs of a child and the family or LAR, and the setting to which the child moves.

The supports needed by children who moved from an institution were met through a combination of Medicaid State Plan services and a Medicaid waiver program. Table 4 shows many of the available services. The service array in a waiver program is subject to change based on legislative direction and approval by the Centers for Medicare and Medicaid Services (CMS). A current list of waiver services and service descriptions is available at www.hhsc.state.tx.us

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

Table 4: Medicaid Waiver Services

Specialized Supports	HCS	Medically Dependent Children Program	Community Living Assistance and Support Services	Deaf Blind with Multiple Disabilities	Texas Home Living	STAR+ PLUS
Adaptive aids	Yes	Yes	Yes	Yes	Yes	Yes
Behavioral support	Yes	No	Yes	Yes	Yes	No
Community support services*	No	No	No	No	Yes	No
Day habilitation	Yes	No	No	Yes	Yes	No
Dental	Yes	No	Yes	Yes	Yes	Yes
Employment assistance	Yes	Yes	Yes	Yes	Yes	Yes
Flexible family support	No	Yes	No	No	No	No
Minor home modifications	Yes	Yes	Yes	Yes	Yes	Yes
Host home/ companion care	Yes	No	No	No	No	No
Nursing	Yes	No	Yes	Yes	Yes	Yes
Professional therapies	Yes	No	Yes	Yes	Yes	Yes
Residential habilitation*	No	No	Yes	Yes	No	No
Respite	Yes	Yes	Yes	Yes	Yes	Yes
Specialized therapies	No	No	Yes	No	No	No
Supported employment	Yes	Yes	Yes	Yes	Yes	Yes
Supported home living*	Yes	No	No	No	No	No
Transition assistance services	Yes	Yes	Yes	Yes	Yes	Yes

**Effective March 20, 2016, transportation is the only billable activity.*

3.6 Community Supports That Are Needed to Transition from Institutions

A child's need for specialized supports is identified in the PPI. Even though a child may have access to a waiver program, not all waiver programs have a service array that enables that child to live with his or her family or in an FBA. Also, services may be subject to limitations in funding or by location. For example, a child living in a rural area may be authorized to receive behavioral supports, but a service authorization does not assure access to trained and qualified professionals.

4. Summary and Trend Data

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

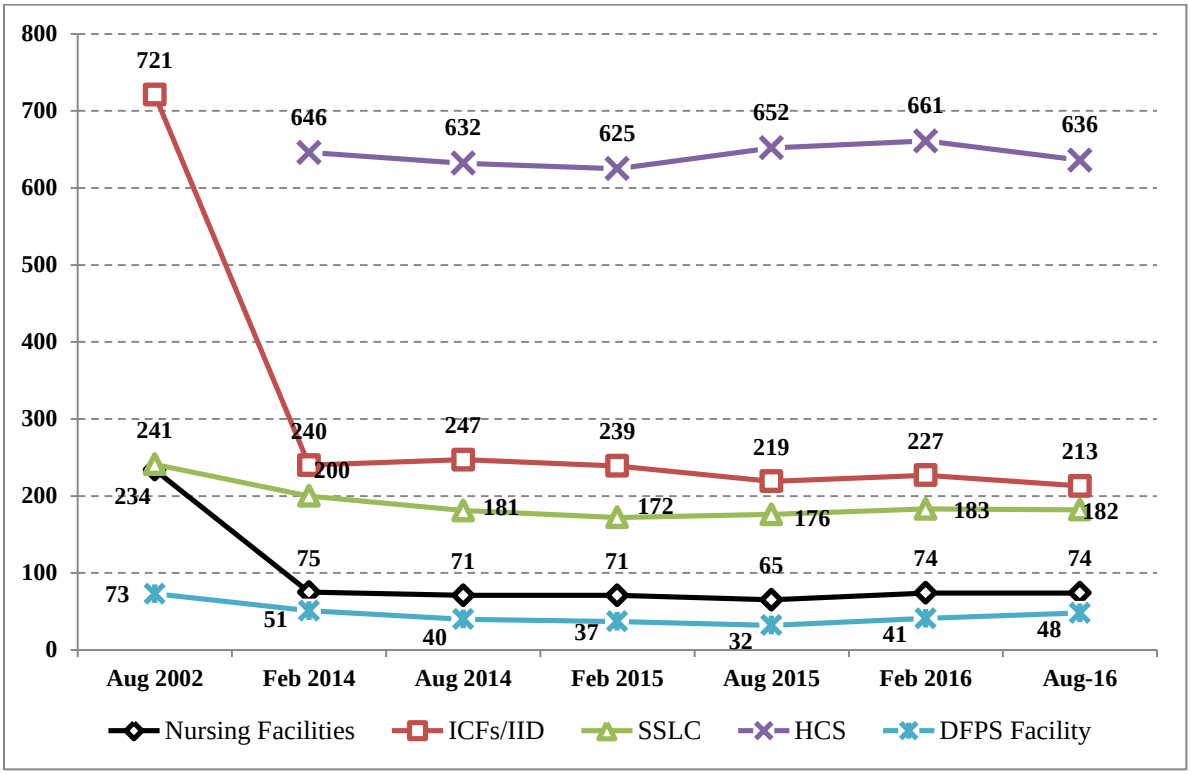
Table 5 provides the number of children residing in institutions at three points in time and the percent of change. Within the past six months, the number of children in all institution types (*including* HCS) decreased by three percent; and the number of children in all institution types *excluding* HCS decreased by two percent. Compared to August 31, 2002, the number of children in all institution types (*including* HCS) decreased by 27 percent; and the number of children in all institution types *excluding* HCS decreased by 59 percent.

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

Institution Type	Baseline Number as of 8/31/02	Number as of 2/29/2016	Number as of 8/31/2016	Percent Change Since August 2002	Percent Change in Past Six Months
Nursing Facilities	234	74	74	-68%	0%
Small ICF/IID	418	171	154	-63%	-10%
Medium ICF/IID	39	41	40	3%	-2%
Large ICF/IID	264	15	19	-93%	27%
SSLC	241	183	182	-24%	-1%
HCS	312	661	636	104%	-4%
DFPS-Licensed ID Institutions	73	41	48	-34%	17%
Total	**1,581**	**1,186**	**1153**	**-27%**	**-3%**
Total with HCS Excluded	**1,269**	**525**	**517**	**-59%**	**-2%**

Chart 6 displays trends from August 31, 2002, to August 31, 2016. As the chart shows, the number of individuals residing in an HCS group home has remained comparatively high and the number of children in other types of institutions has declined since 2002.

Chart 6: Number of Children in Institutions by Type of Institution
August 2002 – August 2016



5. Family-Based Alternatives

Child development experts agree and research supports that children are physically and emotionally healthier when they grow up in well-supported families. Legislation recognized the need to develop FBAs for children with developmental disabilities who cannot return to their families. The purpose of the "system" of FBAs is to further the state's policy of ensuring that a child becomes part of a positive and stable permanent family as soon as possible.

5.1 Contract Award

To assist in this effort, S.B. 368 required HHSC to "contract with a community organization… for the development and implementation of a system under which a child… may receive necessary services in an FBA instead of an institution."

That system must provide for recruiting and training alternative families to provide services for children; comprehensively assessing each child in need of services and each alternative family available to provide services, as necessary to identify the most appropriate alternative family for

placement of the child; providing to a child's parents or LAR information regarding the availability of an FBA; identifying each child residing in an institution and offering support services, including waiver services, that would enable the child to return to his or her family or to be placed in an FBA; and determining through a child's permanency plan other circumstances in which the child must be offered waiver services, including circumstances in which changes in an institution's status affect the child's placement or the quality of services received by the child.

HHSC released the first request for proposal (RFP) to identify an FBA contractor in 2002, followed by additional RFPs in 2007 and 2015. EveryChild has served as the state's FBA contractor since 2002.

5.2 Movement of Children to FBAs

While Section 3 of this report identifies the number of children placed in FBAs for the six-month period ending August 31, 2016, Section 5 describes contractor activities during fiscal year 2016 that assisted in those placements and with the diversion of children from admission to institutions. Section 5 also identifies elements that contributed to the development and implementation of a system of FBAs.

Since 2002, EveryChild has assisted in the movement or diversion of 437 children from an institution. Of those 437 children, 140 (32 percent) returned home, 291 (67 percent) were placed with an FBA, and 6 (1 percent) moved to their own home.

For comparative purposes, Chart 7 provides data on the number of children assisted by EveryChild by placement and diversion activity by fiscal year, starting in 2004. As Chart 7 shows, EveryChild assisted in the movement or diversion from an institution of 35 children in fiscal year 2016. Of the 35 children, 18 (51 percent) moved to an FBA, 16 (46 percent) returned to their family, and 1 individual (a young adult) moved to his own home.

Chart 7: Number of Children Assisted by EveryChild by Placement/Diversion Activity as of August 31, 2016

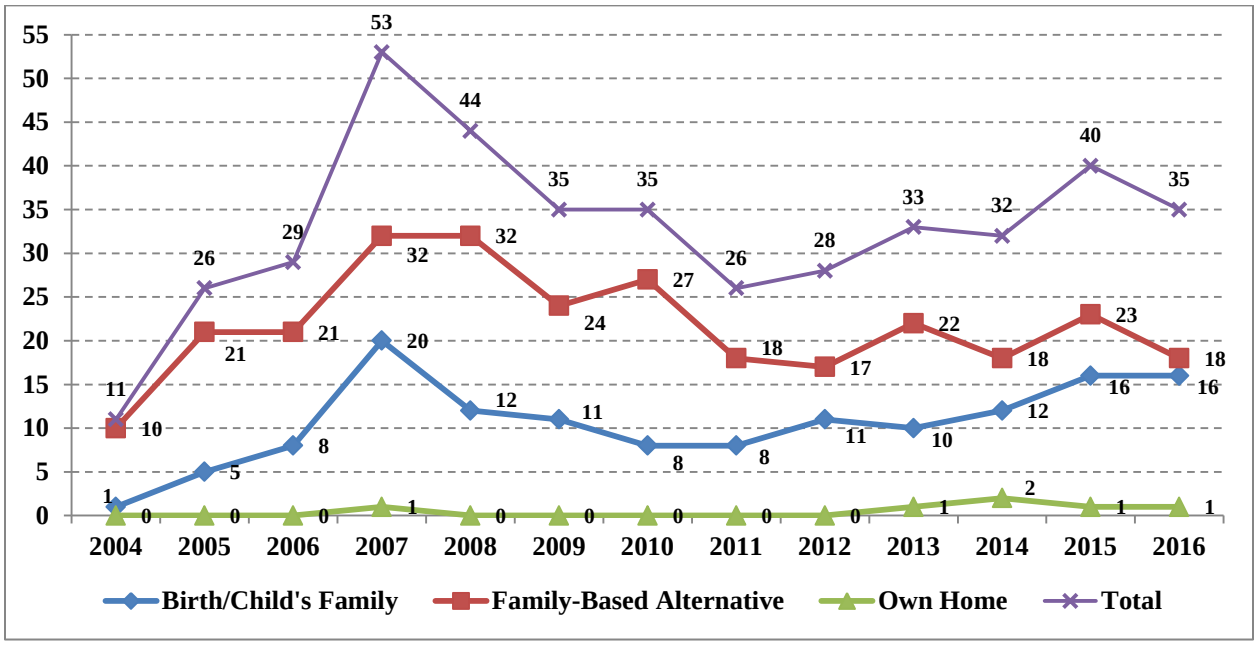


Table 7 provides an overview of EveryChild's placement, diversion, and related activities accomplished during fiscal year 2016, which included:

- Movement of 27 children from an institution, of which 11 (41 percent) returned to the child's family, 15 (56 percent) moved to an FBA, and 1 (3 percent) moved to own home;
- Diversion of eight children from an institution;
- Active work with the family or LAR of 32 children whose move to a family from an institution was pending as of August 31, 2016; and
- Active assistance to the family or LAR of 24 children seeking to identify an FBA.

Table 7: EveryChild Achievements for Fiscal Year 2016

	To Child's Family	To FBA	To Own Home	Total
Moved From an Institution	11	15	1	27
Diverted From Admission to an Institution	5	3	0	8
In Transition	11	21	0	32
Identification of an Alternate Family Underway	0	24	0	24
Total	**27**	**63**	**1**	**91**

The majority of EveryChild's efforts were focused on the state's largest institutions serving the most children. As shown in Table 8, EveryChild assisted 35 children during fiscal year 2016, of which 27 (77 percent) moved from a large institution. Of the 437 children assisted by EveryChild since 2002, 331 (76 percent) resided in a large institution.

Table 8: Number Assisted by EveryChild by Size/Type of Institution as of August 31, 2016

Size of Institution	Type of Institution	Children Moved in FY 2016	Children Moved Since FY 2002
Large	Nursing Facility	13	168
Large	Community ICF/IID	0	69
Large	DFPS-Licensed ID Institution	14	79
Large	SSLC	0	12
Large	Other*	0	3
Medium or Small	Community ICF/IID	0	29
Medium or Small	HCS	1	26
Medium or Small	DFPS Group Home**	0	3
Diverted from an Institution		8	48
Total		**35**	**437**

**Combination of state hospital, Texas School for the Blind and Visually Impaired, and residential treatment center.*
***A foster group home or agency foster group home as defined by Section 42.002, Texas Human Resources Code.*

5.3 Activities Contributing to Development and Implementation of FBAs

EveryChild conducted a variety of interrelated activities during the past year to develop a system of FBAs, leading to the movement or placement of children as described previously, using a combination of approaches.

- Learning the needs of children and their families or LARs and engaging them to explore a child returning home or being placed in an FBA. During fiscal year 2016, EveryChild completed an average of 49 contacts per month with families and LARs, leading to the movement of 35 children to a living arrangement chosen by the family or LAR. As of August 31, 2016, families and LARs of another 56 children were either in transition or in the process of exploring their options. As shown in Table 7 above, of those 56 children: 11 children were in transition to the family home, 21 were in transition to an available FBA, and 24 had requested help identifying an available FBA.
- Working with and preparing alternate families matched with children in need of placement. Since 2002, EveryChild has identified a total of 833 alternate families, with 78 being identified in the past year. Of the 833 alternate families, 372 were actively associated with a provider and available to accept a child for placement and 461 remained

under development. EveryChild completed contacts with an average of 27 FBAs per month regarding specific children.

- Working with coordinators across the state by providing training, technical assistance, and consultation. During fiscal year 2016, EveryChild completed an average of 73 contacts per month with coordinators. The term "coordinators" includes service coordinators employed by LIDDAs, developmental disability specialists and case workers employed by DFPS, and staff at institutions.
- Working with state leadership to identify barriers and solutions to promote systems change. The TGC calls for collaboration between the FBA contractor and state agencies to increase awareness of the needs of children in institutions and the state's capacity to offer FBAs. Towards that effort, EveryChild was a frequent contributor to state agency workgroups and stakeholder forums.
    - EveryChild participated on: Promoting Independence Advisory Committee as the children's representative; STAR Kids Advisory Committee as chair; and Children's Policy Council as the children's advocacy organization representative.
    - EveryChild made recommendations that led to children with related conditions[1] living in, or at risk of admission to a nursing facility, having more access to HCS and the opportunity to live with support families.
    - EveryChild worked closely with HHSC on STAR Kids issues to help ensure continuity of care, including: allowing children to see their current physicians; honoring current prior service authorizations for six months post-enrollment; enabling out of area physicians to be included in provider directories; and improving comprehensive evaluations and outreach to families.
    - EveryChild worked with DADS and HHSC on the development of a high medical needs benefit in the HCS waiver.
    - In 2012, a limited number of children with developmental disabilities living in DFPS General Residential Operations (GROs) were offered access to the HCS waiver in order to achieve family life. Since fiscal year 2013, the number of young children EveryChild has supported to move to families from these facilities has risen 182% (from 28 to 79) due to access to HCS supports, namely host home services.
- Working with providers to increase interest and expertise in offering FBAs. EveryChild expanded the capacity of providers to offer FBAs by collaborating with state-contracted providers to meet the needs of the children they serve. Through collaboration with EveryChild, providers recruited, assessed, and trained potential alternate families. During fiscal year 2016, EveryChild maintained a list of 204 active provider organizations with FBAs. EveryChild contacted provider organizations an average of 30 times per month, which led to the placement of 18 children with FBAs in fiscal year 2016. Table 9 provides an overview of activities with providers by funding source.

[1] A related condition must occur before the age of 22 and the individual must have substantial functional limitations in at least three of the six major life skill areas assessed. For more information see the Approved Diagnostic Codes for Persons with Related Conditions at www.hhsc.state.tx.us

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

Funding Source (State Agency)	To Child's Family FY 2016	To FBA FY 2016	To Own Home FY 2016	To Child's Family Since 8/2002	To FBA Since 8/2002	To Own Home Since 8/2002	Total
Community Based Alternatives* (DADS)	0	0	0	3	0	1	4
CLASS (DADS)	3	0	0	31	5	4	40
HCS (DADS)	12	18	1	73	257	1	331
MDCP (DADS)	1	0	0	27	1	0	28
Title IV Foster Care (DFPS)	0	0	0	0	30	0	30
No Funding (Medicaid pending or ineligible non-citizen)	0	0	0	4	0	0	4
Total	**16**	**18**	**1**	**138**	**293**	**6**	**437**

***Terminated effective September 1, 2014.*

5.4 Opportunities for Further Progress Identified by EveryChild

- Create dedicated resources to address the needs of children with high behavioral support needs to include positive behavior support specialists, in-home behavior supports, and statewide training for families and professionals on positive behavior support.
- Provide additional funding for waiver services to enable children with high *physical* needs to remain in their communities and with their families as they transition to adulthood.
- Increase reserve capacity in HCS for identified groups, including children with developmental disabilities living in DFPS-licensed ID institutions.
- Collect additional data on children with developmental disabilities living in DFPS licensed residential treatment centers for longer than one year in order to inform policy and service planning.

6. Systemic Improvement Efforts

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

6.1 Summary of State Agency Activities

After the passage of S.B. 368, HHSC, DADS, and DFPS worked collaboratively to develop and refine permanency planning processes and activities in coordination with EveryChild and LIDDA representatives. During this reporting period, efforts to achieve systemic changes have continued through a variety of activities.

Health and Human Services Commission

- HHSC continued working on implementation of S.B. 7, 83rd Legislature, Regular Session, 2013, designed, in part, to transition identified services to managed care.
- HHSC continued efforts to restructure the health and human services agencies to make them more efficient, effective, and responsive in accordance with S.B. 200, 84th Legislature, Regular Session, 2015, and Sunset Commission recommendations.
- HHSC provided administrative support to child-focused groups, including the:
  - Children's Policy Council, which is charged with developing, implementing, and monitoring long-term supports and services programs for children with disabilities and their families (House Bill 1478, 77th Legislature, Regular Session, 2001); and
  - STAR Kids Managed Care Advisory Committee that was created to advise HHSC on the establishment and implementation of the STAR Kids Medicaid managed care program. The goal of STAR Kids is to improve coordination and customization of care, access to care, health outcomes, cost containment, and quality of care for children with disabilities who have Medicaid coverage (S.B. 7, 83rd Legislature, Regular Session, 2013).

Department of Aging and Disability Services

- As required by the TGC, DADS added a child's name to the CLASS and MDCP interest lists upon admission to a nursing facility and to the HCS interest list upon admission to an ICF/IID.
- DADS required LIDDAs to complete at least 95 percent of all required permanency plans for children in an ICF/IID or HCS group home in accordance with the performance contract.
- DADS provided technical assistance to LIDDAs to ensure compliance with permanency planning guidelines.
- DADs required EveryChild, Inc., to complete at least 95 percent of required permanency plans for children in nursing facilities, in accordance with EveryChild's contract with HHSC.
- DADS approved plans for all children under the age of ten to ensure compliance with permanency planning.
- DADS released HCS slots approved by the 84th Legislature for the 2016-17 biennium, which included an additional:
  - 25 HCS slots for children transitioning from a DFPS GRO. Of those, DADS approved enrollment of ten children and an additional five children were in the process of enrollment as of August 31, 2016;

  - 216 HCS slots for children aging out of DFPS foster care. Of those, DADS approved enrollment of 90 children and an additional 38 children were in the process of enrollment as of August 31, 2016; and
  - 400 HCS slots for crisis/diversion from an SSLC. Of those, DADS approved enrollment of 185 individuals and an additional 59 individuals were in the process of enrollment. This category includes but is not limited to children.
- DADS partnered with EveryChild to update the PPI and permanency planning technical assistance tools used by LIDDAs.
- DADS participated as an agency representative to the groups administratively supported by HHSC.
- DADS completed additional activities that benefited individuals of all ages, including children:
  - Following DADS receipt of funding to establish crisis intervention teams and respite services, implementation by selected LIDDAs began June 1, 2016.
  - Following CMS approval of a three-year grant to enhance medical, behavioral, and psychiatric supports and community coordination in March 2015, DADS contracted with eight LIDDAs to create local transition teams to provide support services to other LIDDAs and program providers statewide. From March 1, 2016, to August 31, 2016, local transition teams:
    - Provided 282 educational events attended by 2,652 participants, to increase expertise in supporting individuals.
    - Offered 163 technical assistance events on specific disorders and diseases and best practices for individuals with significant challenges.
    - Provided individualized assistance to service planning teams for 152 individuals.
  - During the 84th Legislative Session, DADS received $5.9 million for services to individuals with high medical needs. DADS coordinated with HHSC to implement a daily add-on rate for small and medium ICF/IID providers to serve individuals with high medical needs transitioning from an SSLC or a nursing facility. DADs continued efforts to expand the initiative to the HCS program effective January 2017.
  - DADS hosted workshops in four locations (Austin, Fort Worth, Houston, and Tyler) entitled “Positive Behavior Management and Supports,” taught by instructors from the Behavior Analysis Resource Center at the University of North Texas. The curriculum emphasized proactive approaches to establishing a positive relationship between an individual with challenging behaviors and caregivers, professional staff, etc. Workshops were offered free of charge to participants.

Department of Family and Protective Services

- DFPS Child Protective Services (CPS) worked with EveryChild, Inc., to find families for children in conservatorship residing in a DFPS GRO. During this reporting period, 9 children moved from a GRO to a family with HCS funding, and efforts were underway to identify families for an additional 37 children at the end of the reporting period.
- DFPS monitored completion of permanency plans developed by developmental disability specialists.
- DFPS participated as an agency representative to the groups supported by HHSC.

6.2 Summary of Progress, Challenges, and Opportunities

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

System Progress Since 2002

Since 2002, progress has been achieved as evidenced by a reduction in the number of children in institutions serving more than four persons, including a 94 percent decrease in large ICFs/IID, a 68 percent decrease in nursing facilities and a 59 percent decrease in all institutions serving more than four persons. The vast majority of children continue to have a current permanency plan. The permanency planning process continues to create awareness that children are physically and emotionally healthier when they grow up in well-supported families.

Families and LARs have been able to choose family-based care instead of institutional care as a result of increased resources. Among those resources, reserved capacity in the HCS waiver program (e.g., for children at risk of admission to an SSLC) and within HCS, the host home/companion care service, continue to offer opportunities for children to move to, or remain in, the community. Coordinated efforts by EveryChild, Inc., and waiver program providers have expanded FBA options in Texas.

Through legislative action and additional funding from CMS, children have increased access to specialized services, including high medical needs supports and community-based crisis support services.

Challenges to Continued Progress

Despite the overall decline in the number of children in institutions serving more than four persons, children continue to be admitted to institutions. In particular, children in conservatorship are often placed in institutional placements over less restrictive alternatives, such as families. Children with high medical needs continue to be at risk of institutionalization when they age out of children's Medicaid and are no longer eligible for certain Medicaid services (e.g., private duty nursing). Waiver program interest lists also continue to grow.

7. Conclusion

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

Agencies continue to work collaboratively to increase the number of children who transition to a community setting and to achieve the ultimate goal of ensuring that all children with a developmental disability live in a nurturing family environment.