

Permanency Planning and Family-Based Alternatives Report

As Required by

Senate Bill 368, 77th

Legislature, Regular Session,

2001

Health and Human Services

July 2017



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Health and Human
Services

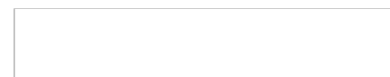


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1. Executive Summary

Senate Bill (S.B.) 368, 77th Legislature, Regular Session, 2001, amended Texas Government Code, Section 531.0245, by requiring permanency planning for Texas children living in an institution:

- “Permanency planning” is a philosophy and planning process focused 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 serving 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) waiver program group homes serving no more than four residents (i.e., supervised living or residential support).

As of February 28, 2017, 1,148 children were living in all types of institutions. That number reflects a 27 percent decrease since permanency planning was implemented in 2002.

From September 1, 2016, to February 28, 2017, 83 children moved from institutions to other settings. Of the 83, most moved to a family-based alternative (FBA) using the specialized supports offered in one of several 1915(c) waiver programs serving 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.

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 all children with a developmental disability are given the opportunity to live in a nurturing family environment.

2. Introduction

As amended by S.B. 368, Texas Government Code, Section 531.0245, requires the Health and Human Services Commission (HHSC) to develop procedures to ensure each child residing in an institution receives permanency planning. Texas Government Code, Section 531.151 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:

- HCS group homes;
- small, medium, and large community intermediate care facilities for individuals with intellectual disabilities or related conditions (ICFs/IID);
- nursing facilities;
- state supported living centers (SSLCs); or
- institutions for individuals with intellectual disabilities (ID) licensed by the Department of Family and Protective Services (DFPS).

Permanency planning recognizes two options for a child transitioning from institutions to family life:

- returning to the birth family; or
- moving to an FBA,¹ a family-like setting in which a trained provider offers support and in-home care for children with disabilities or who are medically fragile.

¹ Texas Government Code, Section 531.060(d) requires HHSC to contract with an organization to develop and implement a system of FBAs to ensure access when needed. HHSC contracted with EveryChild, Inc., for this purpose.

The permanency planning process recognizes goals for independence are different for minors (ages 0-17) and young adults (ages 18-21). While the planning process for minors focuses on family life, other community living arrangements, such as an apartment, may be more appropriate goals toward adulthood and independence for young adults. The planning process also recognizes 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.

Texas Government Code, Section 531.162(a) requires 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 Texas institutions and the number of those children recommended for, but who have not made, the transition to a community-based residence;
- circumstances of each child, including institution type, name, and length of residence; age; and residence of parents or guardians;
- number of permanency plans developed for children residing in institutions, progress in implementing plans, and barriers to implementing plans;
- number of children previously residing in an institution who transitioned to a community-based residence;
- number of children previously residing in an institution who were reunited with their families or placed with alternate families;
- community supports resulting in successful placement of children with alternate families; and
- community support services that are unavailable, but necessary, to address the needs of children residing in Texas institutions after being recommended for transition to an alternate family or community-based residence.

3. Background

HHSC submitted the first report in December 2002, followed by updates every six months. The current report is based on information as of February 28, 2017, and reflective of activities occurring during the six-month period from September 1, 2016, to February 28, 2017. The report also includes cumulative data since 2002 and other relevant historical information for evaluation purposes.

The information 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.

4. Permanency Planning Report

The goal of permanency planning is providing 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. Families and the child participate in planning to help identify options, 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 February 28, 2017.

Total Number of Children Residing in Institutions

Table 1 shows the total number of children by institution type and two age groups, as of February 28, 2017. Of the 1,148 children residing in institutions, the majority (742) were age 18 or older. Across all institution types, most children (657) resided in an HCS setting (i.e., a small group home serving up to four residents). Of those 657, the majority (447) were between ages 18-21.

Table 1. Number of Children in Institutions as of February 28, 2017 - HHSC and DFPS Combined

Institution Type	Ages 0-17	Ages 18-21	Total
HCS	210	447	657
Small ICF/IID	28	130	158
Medium ICF/IID	3	31	34
Large ICF/IID	6	6	12
Nursing Facility	45	24	69
SSLC	72	101	173
DFPS-Licensed ID Institution	42	3	45
Total	406	742	1,148

Texas Government Code, Section 531.060 defines institutions to include small ICFs/IID (i.e., group homes licensed to serve up to eight residents). By combining the number of children in small ICFs/IID with the number in HCS, data shows 815 children (71 percent) resided in a setting with 8 or fewer residents. Of those 815 children, 238 (29 percent) were under age 18² and 577 children (71 percent) were ages 18-21.³

The number served in institutions with more than 8 residents ranged from 12 in large ICFs/IID to 173 in SSLCs, for a total of 333 children (29 percent). Of those 333 children, 168 (50 percent) were under age 18 and 165 (50 percent) were ages 18-21. None of the 333 children were under DFPS conservatorship or placed by DFPS.

² This number includes 51 children who were under DFPS conservatorship.

³ This number includes including 102 children under extended foster care who were placed by DFPS.

Circumstances of Children Residing in Institutions

As shown in Figure 1, most institution types served a higher percentage of children ages 18-21. Children ages 18-21 made up the following percentage of the total service population for the following institution types:

- Medium ICFs/IID: 91 percent
- Small ICFs/IID: 82 percent
- HCS: 68 percent

Most children served in DFPS-licensed ID institutions were under age 18 (93 percent) followed by nursing facilities (65 percent).

Figure 1. Age of Children by Institution Type as of February 28, 2017 - HHSC and DFPS Combined

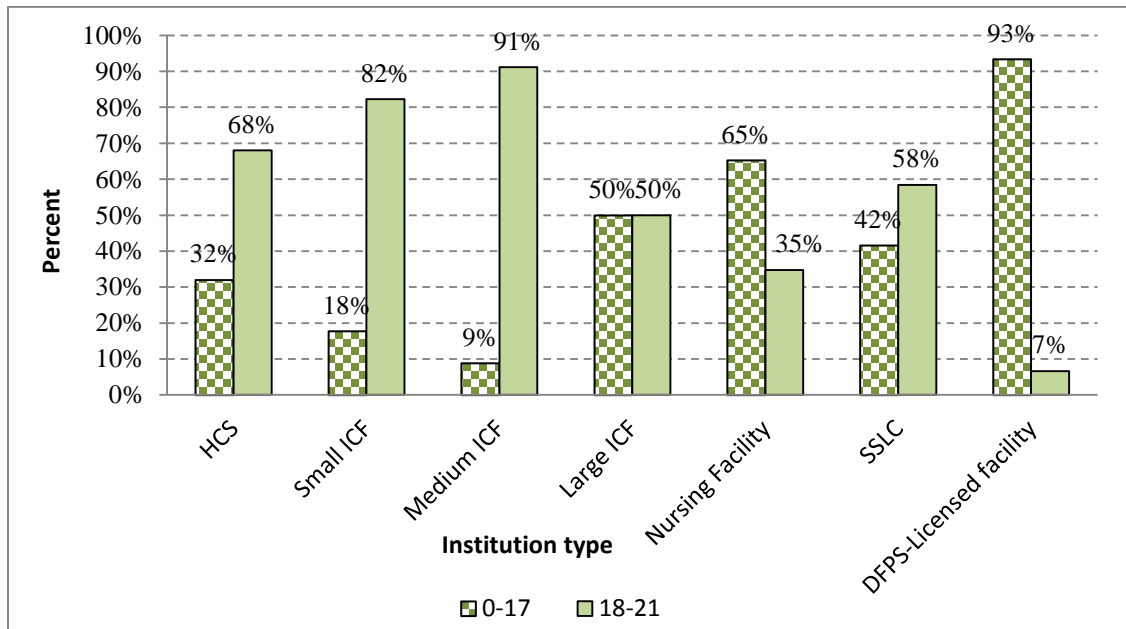


Figure 2 below shows the number and percentage of minors in all institution types across HHSC and DFPS combined. As the chart indicates, 177 (15 percent) were ages 16-17, 149 (13 percent) were ages 13-15, and 80 (7 percent) were age 12 or younger.

Figure 2. Age Distribution of Minors in Institutions as of February 28, 2017 - HHSC and DFPS Combined

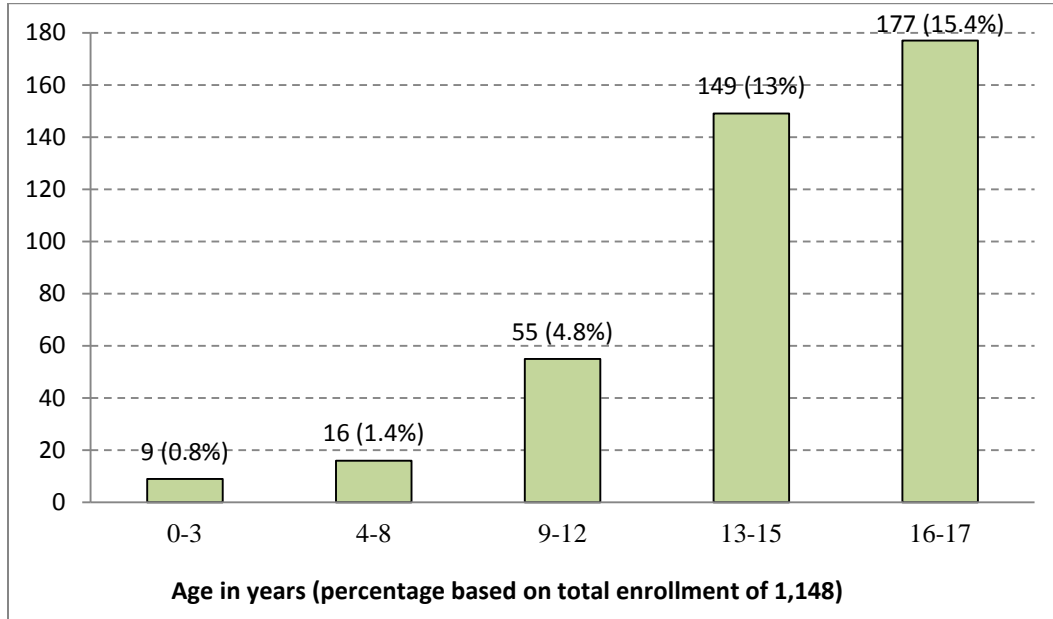
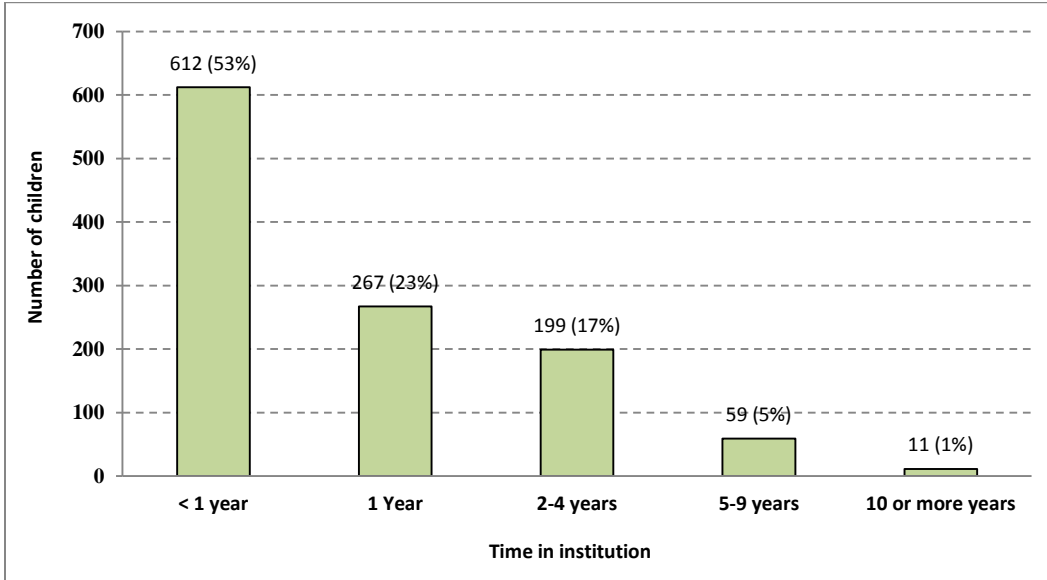


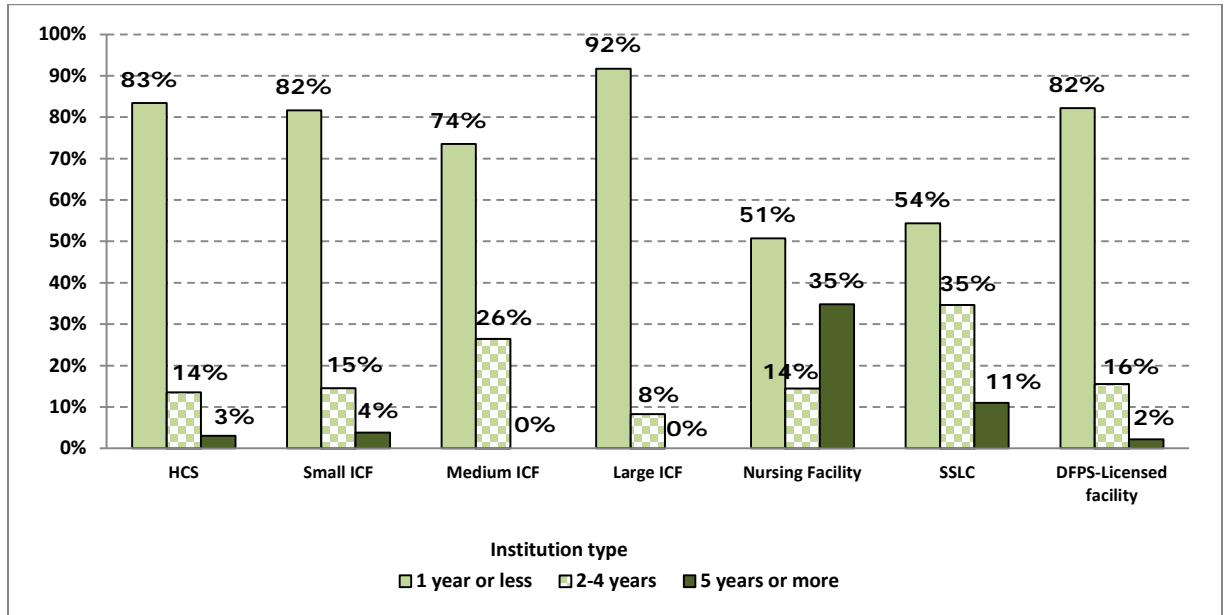
Figure 3 below summarizes children's lengths of stay (LOS) in all institution types combined. The LOS was calculated using the date of the child's most recent admission to the institution and the end of the reporting period if the child was still in the program on that date. The figure shows 53 percent of children had a LOS of less than 1 year, 23 percent had a LOS of 1 year, and 17 percent had a LOS of 2-4 years. The remaining six percent had a LOS of five years or more.

Figure 3. Length of Stay in Institutions as of February 28, 2017 - HHSC and DFPS Combined



As shown in Figure 4 below, the majority of children within each type of institution had a LOS of 1 year or less, with large ICFs/IID having the highest percentage (92 percent), followed by HCS (83 percent), small ICFs/IID (82 percent), and DFPS-licensed ID institutions (also 82 percent). Nursing facilities served the largest percentage of children (35 percent) with a LOS of 5 or more years.

Figure 4. Length of Stay in Years by Type of Institution as of February 28, 2017ⁱ



ⁱ Due to rounding, figures may not add up to 100 percent.

Permanency Plans Developed for Children in Institutions

Texas Government Code, Section 531.159 requires the state to ensure children in institutions have permanency plans developed and updated semiannually. In accordance with Texas Government Code, Section 531.153, HHSC has assigned responsibility for development of permanency plans as follows:

- 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., an HHSC contractor, conducts permanency planning for children in nursing facilities.

Table 2 below shows the number of children by institution for whom a permanency plan was completed during the reporting period. Plans were completed for 96 percent of children. The lack of a permanency plan for the remaining four 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 February 28, 2017

Institution Type	Number Children in Institutions	Number Permanency Plans Completed	Percent Permanency Plans Completed
HCS	657	638	97%
Small ICF/IID	158	148	94%
Medium ICF/IID	34	31	91%
Large ICF/IID	12	11	92%
Nursing Facility	69	69	100%
SSLC	173	165	95%
DFPS-licensed ID institution	45	39	87%
Total	1,148	1,101	96%

Number of Children Returned Home or Moved

Permanency planning 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, the family or LAR is sometimes unable to bring the child home. In those situations, the preferred alternative for a child may be an FBA.

HHSC, DFPS, EveryChild, Inc., and their partners (e.g., HCS program providers and child placement agencies) continue working together to enable children in institutions to move back home or to an FBA. Table 3 below shows 52 children (63 percent) of the 83 children who left an institution during the past 6 months moved to an FBA.

Table 3. Children Returned Home or Moved to an FBA as of February 28, 2017

Agency	Home	FBA	Total
HHSC	16	39	55
DFPS	15	13	28
Total	31	52	83

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 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. Depending on the setting to which the child moves and the needs of the child and family or LAR, these supports can be provided through a variety of ways.

The supports needed by children who moved from an institution were met through a combination of Medicaid State Plan services and the Medicaid waiver program. Table 4 shows most of the available services in the following programs: HCS, Medically Dependent Children Program (MDCP), Community Living Assistance and Support Services (CLASS), Deaf Blind with Multiple Disabilities (DBMD), Texas Home Living (THL), and STAR+PLUS. 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).

Although each 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 Servicesⁱⁱ

Specialized Supports	HCS	MDCP	CLASS	DBMD	THL	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

Specialized Supports	HCS	MDCP	CLASS	DBMD	THL	STAR PLUS
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	No	Yes

ⁱⁱ For community support services, residential habilitation, and supported home living, effective March 20, 2016, transportation is the only billable activity.

Community Supports 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 enabling the child to live with the family, LAR, 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 service authorization for a service does not assure access to trained and qualified professionals.

5. 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 below 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 only slightly; therefore, there was no statistically significant change. The number of children in all institution types excluding HCS decreased by five 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 61 percent.

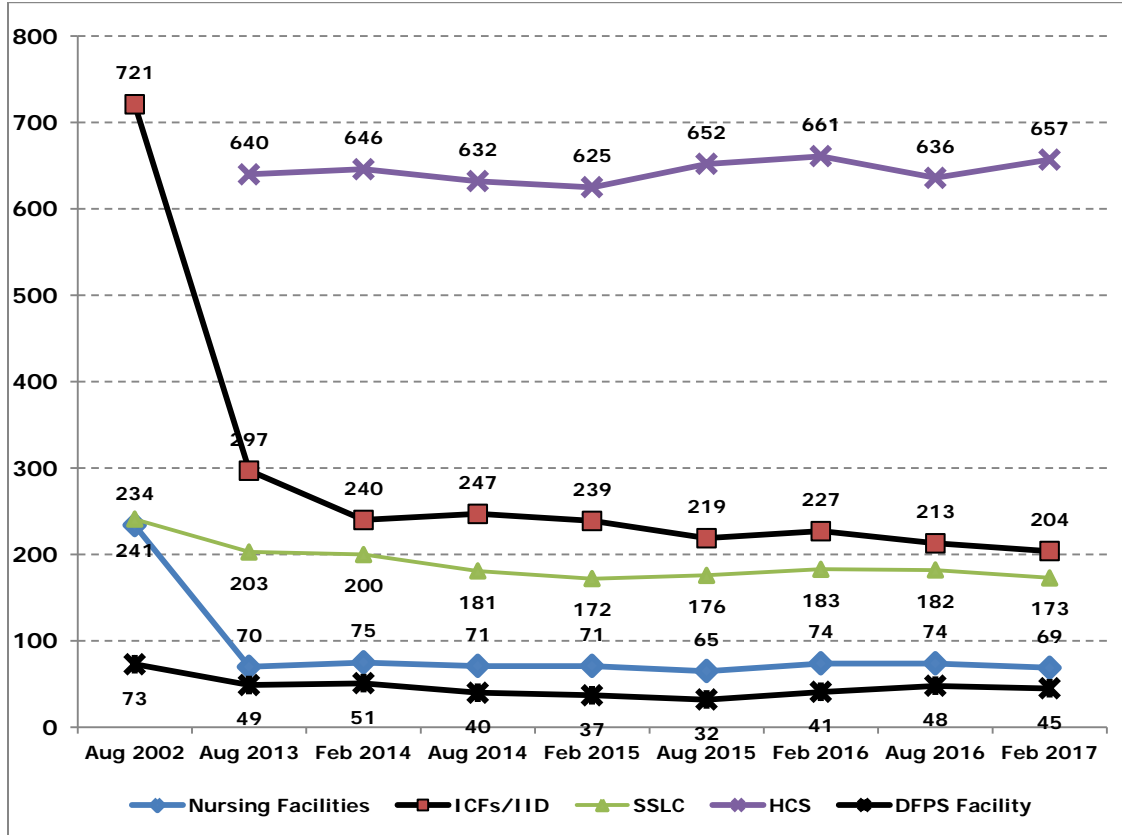
Table 5. Trends in the Number of Children by Institution - HHSC and DFPS Combined

Institution Type	Baseline Number as of 8/31/02	Number as of 8/31/16	Number as of 2/28/17	Percent Change in Past Six Months	Percent Change Since August 2002
HCS	312	661	657	3%	111%
Small ICF/IID	418	171	158	3%	-62%
Medium ICF/IID	39	41	34	-15%	-13%
Large ICF/IID	264	15	12	-37%	-95%
Nursing Facility	234	74	69	-7%	-71%

Institution Type	Baseline Number as of 8/31/02	Number as of 8/31/16	Number as of 2/28/17	Percent Change in Past Six Months	Percent Change Since August 2002
SSLC	241	183	173	-5%	-28%
DFPS-Licensed ID Institutions	73	41	45	-6%	-38%
Total	1,581	1,186	1,148	0%	-27%
Total Excluding HCS	1,269	525	491	-5%	-61%

Figure 5 below displays trends over time. Since 2013, the number of individuals residing in an HCS group home has remained comparatively high. The number of children in other types of institutions has declined since 2002.

Figure 5. Number of Children by Type of Institution from August 2002-February 2017



6. Summary of State Agency Activities

After the passage of S.B. 368, HHSC, the Department of Aging and Disability Services (DADS), and DFPS worked collaboratively to develop and refine permanency planning processes and activities in partnership with stakeholders. During this reporting period, the state continued efforts to achieve systemic changes.

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. As a result, client services and programs (excluding SSLCs) and the administrative services supporting those services, transferred from DADS to HHSC effective September 1, 2016.
- HHSC provided administrative support to the following child-focused groups:
 - ▶ Policy Council on Children and Family (PCCF) Advisory Council works to improve the coordination, quality, efficiency, and outcomes of services provided to children with disabilities and their families through the state's health, education, and human services systems. Membership includes family members of children with special health care needs and representatives of community, faith, business, and other organizations. The PCCF produces a biennial report with recommendations to the HHSC Executive Commissioner and the Texas Legislature.
 - ▶ STAR Kids Managed Care Advisory Committee was created to advise HHSC on establishing and implementing 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).

- HHSC 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, as required by Texas Government Code, Section 531.157.
- HHSC 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.
- HHSC provided technical assistance to LIDDAs to ensure compliance with permanency planning guidelines.
- HHSC 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.
- HHSC approved plans for all children under the age of ten to ensure compliance with permanency planning.
- HHSC 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 general residential operation (GRO). Of those, HHSC approved enrollment of 18 children and an additional 6 children were in the process of enrollment as of February 28, 2017.
 - ▶ 216 HCS slots for children aging out of DFPS foster care. Of those, HHSC approved enrollment of 147 children and an additional 32 children were in the process of enrollment as of February 28, 2017.
 - ▶ 400 HCS slots for crisis or diversion from an SSLC. Of those, HHSC approved enrollment of 252 individuals and an additional 38 individuals were in the process of enrollment. This category includes but is not limited to children.
- HHSC partnered with EveryChild, Inc., to update the PPI and permanency planning technical assistance tools used by LIDDAs.
- HHSC completed the following additional activities benefiting individuals of all ages, including children:
 - ▶ Following receipt of funding to establish crisis intervention teams and respite services, implementation by selected LIDDAs began June 1, 2016. From September 1, 2016, through February 28, 2017:

- ◇ 503 calls were made from a mobile crisis outreach team (MCOT) related to individuals with ID.
 - ◇ 1,236 calls were made related to individuals with ID in crisis who were not referred by an MCOT.
 - ◇ 490 individuals with ID received crisis respite services.
 - ◇ 3,169 caregivers and paid providers received training and consultation from a crisis intervention specialist.
- Following CMS approval of a three-year grant to enhance medical, behavioral, and psychiatric supports and community coordination in March 2015, HHSC contracted with eight LIDDAs to create local transition teams to provide support services to other LIDDAs and program providers statewide. From September 1, 2016, through February 28, 2017, local transition teams:
 - ▶ Provided 551 educational events attended by 4,221 participants, to increase expertise in supporting individuals.
 - ▶ Offered 170 technical assistance events, attended by 951 participants, on specific disorders and diseases and best practices for individuals with significant challenges.
 - ▶ Provided 311 peer reviews/case consultations attended by 1,846 individuals to provide assistance to service planning teams.
- With \$5.9 million appropriated by the 84th Legislature, HHSC implemented 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. HHSC continued efforts to open new ICFs/IID. As of February 28, 2017, two facilities in San Marcos were scheduled to open in the spring 2017.

Department of Family and Protective Services

- DFPS Child Protective Services 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 36 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 HHSC-supported groups.

7. Conclusion

Since 2002, systemic improvements have brought Texas closer to realizing the goal of providing 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 the number of children residing in institutions serving more than four persons has decreased by:

- 95 percent for large ICFs/IID;
- 71 percent for nursing facilities; and
- 61 percent for all institutions serving more than four persons.

The majority of children continued 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. Reserved capacity in the HCS waiver program (e.g., for children at risk of admission to an SSLC) and HCS host home/companion care service continue to give children opportunities 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 (both state and federal), 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. DFPS continues efforts to place children in least restrictive family-based settings; however, due to the lack of placement options and a sufficient number of long-term care waivers, institutional placement is still prevalent. 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, such as private duty nursing. Waiver program interest lists continue to grow.

However, through the collaborative efforts of the Legislature, HHSC, EveryChild, Inc., DFPS, and other 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.

HHSC and its collaborators continue to work together to address challenges, increase the number of children who transition to community settings, and achieve the goal of ensuring all children with a developmental disability live in a nurturing family environment.

List of Acronyms

Acronym	Full Name
DBMD	Deaf Blind with Multiple Disabilities
CMS	Centers for Medicare and Medicaid Services
DADS	Department of Aging and Disability Services
CLASS	Community Living Assistance and Support Services
DFPS	Department of Family and Protective Services
FBA	Family Based Alternative
GRO	General Residential Operation
HCS	Home and Community-based Services
HHSC	Health and Human Services Commission
ICF/IID	Intermediate Care Facilities for Individuals with an Intellectual Disability
ID	Intellectual Disability
LAR	Legally Authorized Representative
LIDDA	Local Intellectual and Developmental Disability Authority
LOS	Lengths of Stay
MCOT	Mobile Crisis Outreach Team
MDCP	Medically Dependent Children Program
PCCF	Policy Council on Children and Family

Acronym	Full Name
PPI	Permanency Planning Instrument
S.B.	Senate Bill
SSLC	State Supported Living Center
THL	Texas Home Living