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# **Permanency Planning and Family-Based Alternatives Report**

In Response to Senate Bill 368, 77<sup>th</sup> Legislature, Regular Session, 2001

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Submitted to the Governor and the Texas Legislature  
**December 2006**

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# **Permanency Planning**

## **Introduction and Purpose**

With the passing of Senate Bill (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. The initial report of these efforts was filed in December 2002. This report is a follow-up with data ending August 31, 2006.

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

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

## **Summary of Agency Activities**

Since the implementation of S.B. 368, HHSC, DADS, and DFPS have been working diligently on refining and improving permanency planning activities. This has required continuing collaboration across divisions in each agency, as well as collaborative efforts across agencies to facilitate system's change for long-term results.

During the 79<sup>th</sup> Legislature, Regular Session, 2005, several bills were enacted that affected how DADS and DFPS implement permanency planning. S.B. 40 was enacted in order to “minimize the potential conflicts of interest that, in developing a permanency plan, may exist or arise between the institution in which the child resides or in which institutional care is sought for the child and the best interest of the child.” House Bill (H.B.) 2579 was enacted to outline “procedures to ensure the involvement of parents or guardians of children placed in certain institutions.” Agencies have worked to implement the requirements of both bills.

### ***Texas Department of Aging and Disability Services***

Since September 1, 2005, the following activities were initiated or completed:

- DADS, in response to S.B. 40, 79<sup>th</sup> Legislature, Regular Session, 2005:
  - Assigned responsibility for ongoing permanency planning for children residing in an Intermediate Care Facility for Persons with Mental Retardation (ICF/MR), Home and Community Based Services (HCS), or State Mental Retardation Facility (SMRF) to the local mental retardation authorities (MRA) in order to “minimize the potential conflict of interest that may exist or arise between the ICF/MR, HCS, or SMRF provider and the best interest of the child” and
  - Completed rule revisions for the ICF/MR program, HCS program, and Continuity of Care – State Mental Retardation Facilities accordingly.
- DADS, in response to H.B. 2579, 79<sup>th</sup> Legislature, Regular Session, 2005:
  - Defined the “new” role of the ICF/MR, HCS, and SMRF provider in assisting the local MRAs with permanency planning;
  - Defined the “new” role of a nursing facility to conduct annual comprehensive care planning meetings and cooperate with the entity conducting permanency planning; and
  - Completed rule revisions related to the ICF/MR program, HCS program, SMRFs, and Nursing Facilities to address the role of the provider in permanency planning and making accommodations for parents/legally authorized representatives to participate in the individual’s life.
- Other activities related to monitoring permanency planning activities and providing technical assistance include:
  - Monitoring ongoing reports on a weekly and monthly basis;
  - Implementing follow-up processes to address report exceptions;
  - Making ongoing reports available to local MRAs for monitoring status of permanency planning efforts and assisting with local planning;
  - Creating additional reports at the request of the local MRAs to assist them in improving their local permanency planning efforts;
  - Creating a new report related to parent participation;
  - Providing technical assistance to DADS staff, MRA staff, Medicaid providers, and staff at DFPS to assist in compliance with permanency planning requirements;
  - Initiating the development of advanced level permanency planning training that will be conducted regionally and be available to DADS’ state and local staff, MRA staff, as well as staff from DFPS and the Department of State Health Services (DSHS); and
  - Completing revisions to the permanency planning instruments to include information required by H.B. 2579, 79<sup>th</sup> Legislature, Regular Session, 2005.

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

- DFPS continued to hold regular discussions with the developmental disability specialists from the regions to review progress and discuss problems in finding appropriate placements for children with disabilities with needs that make finding placements challenging.
- The Department's developmental disability specialists have begun to take on caseloads of some of the children placed in targeted institutional settings in addition to their other responsibilities.
- DFPS staff have worked with DADS staff to implement the General Appropriations Act, Rider 54, 79th Legislature, Regular Session, 2005 regarding making additional HCS waiver slots available to CPS youth transitioning out of care.
- DFPS participated with the other agencies to update and revise the permanency planning instrument used throughout the agencies.

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

- HHSC monitored standardized reporting and oversight mechanisms in placement and planning activities statewide.
- HHSC maintained a system to review and report data from agencies.
- HHSC worked with DADS to provide resources for permanency planning training.
- HHSC provided oversight of the family based alternative (FBA) contract with EveryChild, Inc. to ensure continued implementation of the project in the Central Texas area and continue developing the project in additional selected areas in Texas.

## **Reporting Elements**

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

Chief Executive Officers, or their designee, at each appropriate health and human services (HHS) agency must review and approve the placement of a child in an institution, and must review the child's placement at least semiannually to determine whether a continuation of that placement is warranted. Summary data containing uniform elements of each permanency plan are submitted electronically to the appropriate state agency. This information is screened and/or reviewed by agency staff, which may request additional information for clarification. This information, along with existing information collected by agencies and any additional information that is requested as needed, is used to help determine approvals for placements or continuation of placements. It is also used as the basis for collecting and reporting information required by S.B. 368.

HHS agencies have worked to develop and implement this data collection and placement approval system over the past few years. As each state agency continues to collect data and provide training and technical assistance to providers, compliance and reliability have improved. Agencies will continue to look for opportunities to address consistency in permanency planning processes across programs.

## ***Total Number of Children Residing in Institutions***

S.B. 368 defines an institution as an ICF/MR, a Medicaid waiver group home under the authority of DADS, a foster group home or agency foster group home, a nursing facility, an institution for people with mental retardation licensed by DFPS, or a residential arrangement (other than a foster home) that provides care to four or more children who are unrelated to each other.

Section 531.162 (b)(1) of S.B. 368 requires information on the number of children residing in institutions in this state and, of those children, the number for whom a recommendation has been made for a transition to a community-based residence, but who have not yet made that transition. This information is provided in Tables 1 and 2.

**TABLE 1: NUMBER OF CHILDREN RESIDING IN INSTITUTIONS<sup>1</sup>**

<b>Nursing Homes</b>	<b>DFPS</b>	<b>ICF/MR, State Schools &amp; HCS</b>	<b>TOTAL</b>
168 <sup>2</sup>	192 <sup>3</sup>	1,259	1,619

**TABLE 2: NUMBER OF CHILDREN RECOMMENDED FOR TRANSITION TO THE COMMUNITY**

<b>Nursing Homes</b>	<b>DFPS</b>	<b>ICF/MR, State Schools &amp; HCS</b>	<b>TOTAL</b>
168	192	1095 <sup>4</sup>	1,455

<sup>1</sup> Data reflects the number of children residing in an institution as of August 31, 2006.

<sup>2</sup> The number of children living in a nursing facility is lower than in last year's report in part due to a change in data reporting methodology. Previously reported nursing facility data included all children who resided in a nursing facility during the reporting period. While the previous reporting methodology may have inflated any given reporting period by as much as one or two dozen children, the census has in fact declined from a high of 225 (old reporting methodology) in July 2006.

<sup>3</sup> As of August 31, 2006 there were 19,113 children in the DFPS Child Protective Service (CPS) program in some type of licensed or regulated care (foster care) setting. Of these, there were 12,565 children in foster family settings and 6,548 children in institutional settings. Of the 6,548 children in institutional settings: 3,016 children were in foster group homes; 825 were in basic care congregate settings; 1,567 were in residential treatment centers; 739 were in emergency shelters; and 401 were in other institutional settings (facilities licensed by other state agencies such as DADS, DSHS, Texas Youth Commission, Texas Juvenile Probation Commission, etc). Only 192 required completions of the Permanency Planning Instrument for HHSC.

Of the 6,548 CPS children in institutional settings on August 31, 2006, 396 were identified as having a developmental disability. For APS, there were also 79 young adults aged 18 to 22 in the APS/DADS Guardianship program that were placed in institutional settings. Combining the two figures together, (396 + 79=475) and by agreement with HHSC, subtracting those served by DADS or DSHS (158) and subtracting those with a developmental disability placed in foster group homes (125), results in 192 requiring reporting from DFPS.

<sup>4</sup> This number represents the number of individuals living in institutions who have their family/Legally Authorized Representative (LAR) support to move to their family home or to a family-based alternative.

## *Circumstances of each Child Residing in an Institution*

Attachment A: Demographics by County - Child and Attachment B: Demographics by County - Parent/Guardian contain the elements required by this section, which are: type of facility, age of child, length of time in the institution, and county of residence for child and parent/guardian. Data for this report was drawn from all completed permanency plans as of August 31, 2006. The data included in the report determines age and length of time in an institution based on the date the data was received.

## *Permanency Plans Developed for Children in Institutions*

S.B. 368 requires that every child residing in an institution must have a permanency plan developed and updated semi-annually. The information below is categorized by state agency to describe the quantity of permanency plans developed and any barriers encountered in that process. Each state agency has oversight responsibility for permanency plans where their children reside.

### **Permanency Planning at the Texas Department of Aging and Disability Services**

**TABLE 3: PERMANENCY PLANS COMPLETED BY DADS**

<b>Permanency Plans Completed For Children In:</b>	<b>Total Plans Completed</b>	<b>Total Plans Required</b>
Nursing Homes	146	166
ICF/MR, State Schools & HCS Placements	1,242	1,259

### **Permanency Planning at the Texas Department of Family and Protective Services**

DFPS continues to conduct permanency planning in the process of 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 (called Permanency Hearings for cases in temporary legal status and called Placement Review Hearings for cases in permanent legal status with the Department). For children in care who have developmental disabilities and who are placed in institutional settings, DFPS *also* completes the HHSC Permanency Planning Instrument (PPI) to assist with permanency planning activities and to comply with reporting requirements.

**TABLE 4: PERMANENCY PLANS COMPLETED BY DFPS**

<b>Total Plans Completed</b>	<b>Total Plans Required</b>
79	192

As of August 31, 2006, DFPS had responsibility for preparing PPI reports on 192 children. For the reporting period, DFPS sent permanency information on 79 plans to HHSC for DFPS youth. More reviews were completed during the reporting period, but did not get reported to HHSC until later. However, Department service plans that included permanency plans were completed on all these children, and their court reviews, which addressed permanency issues, were current.

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

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 a support family. Staff at local agencies have taken important and necessary preliminary steps in communicating available options to families and initializing the identification of needed supports. 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, is increasing. Additionally, other children have moved from larger institutions into less restrictive institutions in the community.

This data reflects movement of children from institutions to the community during a twelve-month period ending August 31, 2006 for children in nursing homes, ICF/MRs, state schools, HCS, and DFPS institutions. The data does not include any children currently in the process of moving. Those children recommended and in the process of moving are found under *Community Supports Unavailable for Children Recommended for Community Movement*.

While every effort is made to encourage reunification of children with birth families, there are some instances when this is not in the best interest of the child or family. In those situations, a preferred alternative option for a child is generally a support family, which is referred to as a family-based alternative. Family-based alternatives are defined in S.B. 368 as "... a family setting in which the family provider or providers are specially trained to provide support and in-home care for children with disabilities or children who are medically fragile." While active recruitment of families for these goals are being pursued, the number of children in need far exceeds the current availability of support families.

Across agencies, for the reporting period described above ending August 31, 2006:

- 97 children moved to less restrictive environments (other than family-based settings)
- 186 children moved to family-based settings
- 289 total children with developmental disabilities left an institution for a family, family-based setting, or other less restrictive setting

The details by agency are as follows:

### **Texas Department of Aging and Disability Services - Nursing Homes**

During the period from September 1, 2005 through August 31, 2006, 11 children moved from institutional settings into other settings; all 11 children returned to their families.



## Texas Department of Aging and Disability Services – ICF/MR, State School, HCS

During the period of September 1, 2005 through August 31, 2006, 153 individuals from birth through 21 years of age moved from an institutional setting to a less restrictive setting in the community.

- 59 individuals moved to a less restrictive institutional setting (HCS supervised living or residential support or a smaller ICF/MR)
- 32 individuals returned home
- 62 individuals moved to an alternate family

The number of individuals under 22 years of age living in an institutional setting, as defined by S.B. 368, has decreased slightly from 1,274 in August 2002 to 1,259 in August 2006. There continues to be significant decreases in the numbers of individuals living in larger settings. Since August 31, 2002, the data has shown an increase in the number of individuals moving into less restrictive settings (i.e., smaller facilities) and fewer living in the more restrictive settings (i.e., larger facilities). The exceptions are the number of individuals under age 22 living in state schools that has increased by 12 percent, and the number in medium ICF/MRs that has grown by 27 children in the past four years. Overall, the number of children living in ICF/MRs and state schools has declined by 25 percent in the past four years. The table below compares the number of individuals who were living in an ICF/MR or receiving HCS supervised living or residential support on August 31, 2002 with the number on August 31, 2006. Similar data is not available for individuals living in nursing homes.

**TABLE 5: NUMBER OF INDIVIDUALS LIVING IN ICF/MR AND HCS INSTITUTIONAL TYPE**

<b>Institutional Type</b>	<b>Number as of August 31, 2002</b>	<b>Number as of August 31, 2006</b>	<b>Percent Change</b>
HCS Supervised Living or Residential Support	312	538	+72%
Small ICF/MR Facility	418	277	-30%
Medium ICF/MR facility	39	66	+69%
Large ICF/MR facility	264	108	-59%
State School	241	270	+12%
<b>Total</b>	<b>1,274</b>	<b>1,259</b>	<b>-1%</b>

## Texas Department of Family and Protective Services

During the period of September 1, 2005 to August 31, 2006, there were 49 children that transitioned to a less restrictive setting in the community:

- 30 children moved to less restrictive institutional settings (HCS homes, small ICFs-MR, or foster group homes) from another institutional placement
- 81 children transitioned to family settings
- 8 children transitioned to an independent living situation

### *Community Supports Necessary to Transition Children to Support Families*

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

## Texas Department of Aging and Disability Services – ICF/MR, State School, and HCS Supervised Living and Residential Support

Table 6 illustrates the percentage of the 1,185 individuals with permanency plans who needed each support service in order to achieve their permanency planning goal.

**TABLE 6: PERCENT OF INDIVIDUALS WITH PERMANENCY PLANS NEEDING SUPPORT SERVICES**

<b>Service Type</b>	<b>Percent of Individuals Needing Support Service</b>
Behavioral Intervention	44%
Crisis Intervention	22%
Support Family	15%
Family/LAR Support	13%
In-Home Health	6%
Mental Health Services	33%
Night Person	39%
On-going Medical Services	43%
Personal Attendant	43%
Respite In-Home	26%
Respite Out of Home	26%
Specialized Equipment	15%
Specialized Transportation	14%
Training	31%

<b>Service Type</b>	<b>Percent of Individuals Needing Support Service</b>
Transportation	31%
Volunteer Advocate	4%
Child Care	14%
Durable Medical Equipment	11%
Architectural Modification	8%
Specialized Therapies	18%

**Texas Department of Aging and Disability Services – ICF/MR, State School, and HCS Supervised Living and Residential Support**

DADS submitted the following table that illustrates the services needed for the 94 individuals who moved out of an institution into their birth home or an alternate family home from September 1, 2005 through August 31, 2006.

**TABLE 7: INDIVIDUALS (TOTAL OF 94) REUNITED WITH FAMILY/ MOVED TO ALTERNATE FAMILY**

<i>Total Number of Children This Period:</i>	<i>Reunited w/Family 32</i>	<i>Live w/Alternate Family 62</i>
<b>Service Type</b>	<b>Number Who Needed These Services to Reunite with Family</b>	<b>Number Who Needed These Services to Live with an Alternate Family</b>
Behavioral Intervention	15	31
Crisis Intervention	7	7
Support Family	2	22
Family/LAR Support	3	6
In-Home Health	1	7
Mental Health Services	13	23
Night Person	9	26
On-going Medical Services	14	37
Personal Attendant	12	36
Respite In-Home	6	27
Respite Out of Home	7	22
Specialized Equipment	0	12
Specialized Transportation	4	11
Training	10	30
Transportation	7	29
Volunteer Advocate	1	4
Child Care	3	13
Durable Medical Equipment	2	11
Architectural Modification	1	11

<i>Total Number of Children This Period:</i>	<i>Reunited w/Family 32</i>	<i>Live w/Alternate Family 62</i>
<b>Service Type</b>	<b>Number Who Needed These Services to Reunite with Family</b>	<b>Number Who Needed These Services to Live with an Alternate Family</b>
Specialized Therapies	5	21

**Texas Department of Family and Protective Services**

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

- Parents being able to complete the Department’s requirements to reduce the risk factors for parents to safely care for their children in their home,
- Adoptive recruitment efforts for parents willing to parent a child with medical/cognitive/physical disabilities,
- Enrollment in Medicaid waiver programs,
- SSI funding and Medicaid eligibility,
- Community supports and resources available as needed,
- Inter-agency cooperation (DADS/DFPS) that ensures that children are on waiting lists and that local service areas are processing requests,
- Knowledgeable resource personnel that assisted caseworkers (such as developmental disability specialists in regions),
- Foster families willing to work with children with special needs, and
- Efforts of the Texas Integrated Funding Initiative (TIFI) and the Community Resource Coordination Groups (CRCGs).

***Community Supports Unavailable for Children Recommended for Movement to the Community***

For some children recommended to move to the community, the identification and location of specialized supports has been accomplished. The barrier for these children is funding for the needed supports. For other children, supports are identified but the location and accessibility to the supports are not available such as community services with waiting lists. For still others, the identification and accessibility to a specialized support is accomplished, but since the support is not developed in their community, it is not available.

**Texas Department of Family and Protective Services**

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

- Available family placements,
- Respite in-home services,
- Respite out-of-home services,
- Child care services, and
- Behavior intervention services.

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

More Medicaid waiver slots are needed, as well as available foster families that are skilled, trained, and willing to work with children with disabilities. In addition, needed supports include in- and out-of-home respite services, child care (including day care), and behavior intervention services.

## Summary and Conclusion

Implementing this legislation requires ongoing collaboration between all oversight agencies as well as providers and community groups to ensure family options for each child. Permanency planning for children in Texas continues as each agency works to enhance the monitoring and training efforts across the state. Agencies remain committed to continuing efforts to provide each child with the opportunity to grow up in a family.

### Key Points

Compared to previous reports, the total number of children with developmental disabilities residing in institutions has remained fairly constant:

**TABLE 8: NUMBER OF CHILDREN RESIDING IN INSTITUTIONS 2003-2006**

<b>Reporting Period</b>	<b>Total Number of Children Residing in Institutions</b>
Fiscal year end 2006	1,619
Fiscal year end 2005	1,606
Fiscal year end 2004	1,590
Fiscal year end 2003	1,617

While the total number of children in institutions, as defined by S.B. 368, which includes HCS supervised living and residential support, has remained steady, the residential settings are continuing a shift to smaller, less restrictive environments. Since the December 2005 report, the number of children in large ICF/MR facilities has dropped by 16 percent. There are 4 fewer children in all ICF/MRs and state schools, and 56 more children living in less restrictive HCS settings over the same six month period.

**TABLE 9: CHANGE IN NUMBER OF CHILDREN IN INSTITUTIONS 2005-2006**

<b>Institutional Type</b>	<b>Number as of August 31, 2005 (from December 2005 Report)</b>	<b>Number as of August 31, 2006</b>	<b>Twelve month change</b>	<b>Percent Change (twelve months)</b>
Large ICF/MR Facility	128	108	-20	-16%
Total all ICF/MRs and State Schools	725	721	-4	-.5%
HCS Supervised Living or Residential Support	482	538	+56	+12%

Since the end of fiscal year 2002, the number of children residing in ICF/MRs and state schools has declined by 25 percent, while the number of children in large ICF/MRs (not including state schools) has dropped by 59 percent. During the same period, the number of children receiving less restrictive HCS supervised living or residential support has risen 72 percent. Adjusting for children in HCS, the number of children under age 22 residing in all types of facilities has declined by 188, or approximately 15 percent, since August 2002.

**TABLE 10: CHANGE IN NUMBER OF CHILDREN IN INSTITUTIONS 2002-2006**

<b>Institutional Type</b>	<b>Number as of August 31, 2002</b>	<b>Number as of August 31, 2006</b>	<b>Percent Change</b>
Large ICF/MR Facility	264	108	-59%
Total all ICF/MRs and State Schools	962	721	-25%
HCS Supervised Living or Residential Support	312	538	+72%
<i>All facilities</i> (nursing facilities, ICF/MRs, state schools, and DFPS licensed facilities) <i>without</i> HCS included	1,269	1,081	-15%

The 186 children returning to family or a family-based alternative is continuing an overall trend upward in the numbers moving into families each year:

**TABLE 11: NUMBER OF CHILDREN MOVING INTO FAMILIES 2003-2006**

<b>Reporting Period</b>	<b>Number of Children Moved to Family or Family-Based Alternatives</b>
Fiscal year end 2006	186
Fiscal year end 2005	174
Fiscal year end 2004	155
Fiscal year end 2003	114

The 97 children moving to less restrictive environments other than family or family-based alternatives is down significantly from last year, but up somewhat from the previous two years:

**TABLE 12: NUMBER OF CHILDREN MOVING TO LESS RESTRICTIVE ENVIRONMENTS 2003-2006**

Reporting Period	Number of Children Moved to Less Restrictive Environment
Fiscal year end 2006	97
Fiscal year end 2005	189
Fiscal year end 2004	96
Fiscal year end 2003	59

During the fiscal year 2006 reporting period ending August 31, 2006:

- 186 children were moved from institutions to family-based settings, of which:
  - 43 returned to their birth home, and
  - 143 moved to other family-based alternatives.
- 97 children left an institution for a less restrictive setting under an arrangement other than a family or family-based alternative.

The above totals 283 children with developmental disabilities that left an institution (not including residential treatment centers) for a family, family-based setting, or other less-restrictive setting during the reporting period.

# Family Based Alternatives Report

## Introduction and Purpose

The Family-Based Alternatives project was established as a result of S.B. 368, 77<sup>th</sup> Legislature, Regular Session, 2001 *“to further the state’s policy of providing for a child’s basic needs for safety, security, and stability through ensuring that a child becomes a part of a successful permanent family as soon as possible.”* The legislation called for *“the development and implementation of a system under which a child with a disability who cannot reside with the child’s birth family may receive necessary services in a family-based alternative instead of an institution.”*

## Background

### *Basis for Development of Family Based Alternatives*

Research shows that children are physically and emotionally healthier when they grow up in well-supported families. As illustrated in the Permanency Planning section of this report, approximately 1,600 children and young adults (ages birth-22) with developmental disabilities reside in long-term care facilities in Texas. Of these, approximately 1,081 reside in nursing facilities, ICF/MRs, State Schools, and DFPS licensed facilities. As the data suggests, there is a need to provide an alternative to institutional care for children with disabilities whose birth families are unable to care for them on their own.

S.B. 368, 77<sup>th</sup> Legislature, Regular Session, 2001, directed HHSC to contract with a community organization for the development and implementation of a system that would enable children to benefit from *“a living arrangement with the primary feature of an enduring and nurturing parental relationship.”* The family-based alternatives project has been developed based on a best-practices model developed from research of successful programs across the country.

According to S.B. 368 the system must provide for:

1. Identifying each child residing in an institution and offering support services,
2. Providing information to a child’s parents or guardian regarding the availability of a family-based alternative,
3. Comprehensively assessing each child in need of services and each alternate family available to provide services to identify the most appropriate alternate family for placement of the child, and
4. Recruiting and training alternate families to provide services for children with disabilities living in institutions.



## ***Contract Award***

In May 2002, HHSC awarded EveryChild, Inc. a contract to develop and implement a system of family-based alternatives in twelve counties in central Texas. The initial contract, targeting the Austin/San Antonio area, has been extended through August 2007 and has been expanded to include activities in the Houston, Dallas/Fort Worth, and East Texas areas.

## ***Methodology of Contract Workplan***

In order to develop and implement a successful system of family-based alternatives, the contract workplan states that the contractor will

- Carefully build relationships with birth families to help them feel comfortable in exploring family-based options for children.
- Devote targeted energy to recruiting and developing alternate families.
- Develop providers' interest and expertise in offering family-based alternatives to increase the state's capacity to provide alternatives to institutions.
- Carefully match children and alternate families to assure the "best fit" with the child's needs and the birth family's preferences.
- Increase awareness, develop expertise, and promote systems change by providing technical assistance and demonstrating the feasibility of a best practices model of family-based alternatives.

## **Activities and Accomplishments**

### ***Family-Based Alternatives Project Contractor Data***

The contractor has been actively engaged in developing the system required by S.B. 368. Below are some of the contractor accomplishments and activities across the four years of the contract. The contractor has:

- Provided intensive coordination and/or technical assistance to facilitate children moving from institutional settings to family homes.

<b>Children moved to family-based alternatives from institutional settings with project assistance</b>	<b>FY 03</b>	<b>FY 04</b>	<b>FY 05</b>	<b>FY 06</b>	<b>TOTAL</b>
Returned to birth families	2	1	4	9	16
Placed with support families	7	11	24	19	61
<b>TOTAL</b>	<b>9</b>	<b>12</b>	<b>28</b>	<b>28</b>	<b>77</b>

- Worked closely with providers of large ICF/MR facilities and nursing homes serving children.
  - Targeted energy at developing collaborative relationships with the four largest facilities serving children.
  - Of the 77 children placed since 2002, 50 percent were placed from these four facilities.
  - One of the four facilities has closed, and the census of children at the remaining three has been reduced by 50 percent.
  - Overall, contributed significantly to increased awareness about family-based alternatives, reflected in a 59 percent reduction children’s placements in large ICF/MRs since the project’s start.
  - Since the project’s start, the census of children in nursing homes has been reduced measurably.
- Recruited provider interest in further developing family-based alternatives.

<b>PROVIDER DEVELOPMENT</b>	<b>As of 08/31/03</b>	<b>As of 08/31/04</b>	<b>As of 08/31/05</b>	<b>As of 08/31/06</b>
Number of providers interested in developing family-based alternatives	3	10	29	59

- Engaged in an external evaluation of the project.

An external evaluation of the Family-Based Alternatives project, conducted by the Center for Disability Studies at the University of Texas, was completed in May 2006. The evaluation involved 55 interviews with families and staff from state agencies, providers, and facilities. The evaluation concluded:

*“There was strong consensus across groups regarding successes of the family-based alternatives project—seeing children in families, the development of new mechanisms for child placement, the expertise and technical assistance generated by the project, and changes in some policies. The most consistently identified measure of success was that children were moving from institutions and residential facilities into families. The positive responses from the birth and support families indicate that this type of system can work but it must be carefully designed and managed. They are clear that the program designed by EveryChild addresses the key elements to make the process work effectively.”*

### **System Development**

In addition to working with individual children and families, the family-based alternatives contractor staff actively participated throughout the year in a variety of activities with over 1,000 agency representatives and community stakeholders to provide a perspective on family-based alternatives for children with disabilities, problem-solve around barriers, and develop expertise around permanency-planning and family-based alternatives.

Contractor project staff:

- Conducted training for DFPS disability specialists, CPS staff with the Center for Disability Studies, DADS providers, regional MRA staff, and potential support families.
- Presented information at statewide public forums including the: Partners in Policy Making Conference, Autism Summit, Parent to Parent Conference, Money Follows the Person Conference, and TAMR Conference.
- Provided technical assistance to agency staff regarding implementation of new legislation, waiver roll outs, nursing home relocation efforts at DADS, (CCP) private duty nursing, Medicaid personal care services, and DADS Quality Review System.
- Routinely participated in public stakeholder forums including: Children Policy Council (CPC), Promoting Independence Advisory Committee (PI), Money Follows the Person (MFP) statewide and regional workgroups, Texas Integrated Funding Initiative (TIFI), and HHSC Personal Care Services workgroup.
- Project staff provided technical assistance to permanency planners, MRA staff, and provider staff working with families to assist on many individual cases. In consulting on individual cases, project staff had routine contact with state agency staff involved with the following state programs: Home and Community Based Services, Medically Dependent Children's Program (MDCP), Community Living and Support Services (CLASS), Medicaid, and CPS foster care.

### **Recruitment Strategy**

As the project moved beyond the Central Texas area, the strategy for finding alternate families has evolved to incorporate a number of interrelated activities:

1. Spreading the message broadly throughout the community that families are needed using multiple methods and forms of media;
2. Making contact with potential families on a personal basis; and
3. Working collaboratively with service providers who recruit for non-disabled children to consider children with disabilities.

The FBA project has disseminated materials through a variety of methods including articles or postings in community and church newsletters and magazines, booths at conferences and fairs, presentations at conferences, and dissemination of written materials describing the experience of successful Support Families. These multiple methods have had a circulation of potential contact with over 10,000 people this year. Follow up with direct contacts have been made with over 500 potential alternate families. The project has also hosted joint orientation and training sessions with providers who are working with inquiring families. The FBA project has also been able to attract grant funding, successfully obtaining a grant from the Meadows Foundation in partnership with the Texas Council for Developmental Disabilities to enhance recruitment activities.

## ***Statewide Data (includes Contractor Data)***

As of August 31, 2006, there were 1,619 children residing in institutions. This figure includes 538 children in HCS group homes. For the reporting period ending August 31, 2006:

- 186 children were moved from institutions to family-based settings, including 43 children who left institutions to return to their birth home.
- 97 children left an institution for a less restrictive setting under an arrangement other than a family or family-based alternative.
- 283 total children with developmental disabilities left an institution for a family, family-based setting, or other less restrictive setting.

## **Systems Progress and Challenges**

Substantial progress has been made in areas identified as barriers in previous reports.

- **Improved Permanency and Statewide Training Initiatives**
  - As required by S.B. 40, 79<sup>th</sup> Legislature, Regular Session, 2005, permanency planning for children residing in ICF/MR is no longer the responsibility of the facility where the child resides. The Mental Retardation Authorities (MRAs) now have responsibility for permanency planning.
  - DADS partnered with the family-based alternatives contractor to conduct a series of statewide permanency planning trainings to improve the level of expertise. Ten trainings were presented across the state with over 1,000 individuals attending.
- **Targeted Funding for Community Waivers for Children in Institutions** - Rider 46, H.B. 1, 79<sup>th</sup> Legislature, Regular Session, 2005, directed DADS to implement a system that would allow up to 50 children residing in ICF/MRs to transition to HCS, providing improved options for these 50 children and their families.
- **Targeted Funding for Youth with Disabilities Aging Out of Foster Care** – Article II, Health and Human Services Commission, Rider 54, H.B. 1, 79<sup>th</sup> Legislature, Regular Session, 2005, directed \$1.8 million in HCS funding be targeted to children with disabilities aging out of the foster care system. This funding provided waiver slots for 63 individuals and was expended within the first year of the biennium.
- **Rollout of a Significant Number of Medicaid Waiver Services (slots)** - During the 79<sup>th</sup> Legislative Session, the Texas Legislature appropriated funding for approximately 9,360 additional Medicaid waiver “slots.” These slots are being offered to individuals and families on a quarterly basis throughout the biennium.

## ***Challenges of Using Family-Based Alternatives***

Although significant progress has occurred, there are remaining challenges that require addressing.

- The significant energy devoted to children in large facilities has resulted in a 59 percent reduction in children in large ICF/MRs, and a sizable reduction in children in nursing homes. This is a reflection of alternatives being available from which families can choose, permanency planning work with families to consider alternatives, and resources being available through waiver offers. As the permanency planning section of this report reveals, while the number of children living in large facilities has been dramatically reduced, the total number of children in non-family residences has remained relatively constant for the past four years. Facility admissions at medium-sized facilities have increased. This may be due to limited alternatives at the point when families can no longer care for their children. While institutional services are an entitlement, resources for family-based alternatives to institutional care are limited. DADS has applied for a “Money Follows the Person” grant through the Centers for Medicare and Medicaid Services, which, if awarded, should help provide additional slots for medium sized ICF/MRs.
- While various programs exist to provide stipends for alternate families, the rates vary under different waiver programs for children with similar care needs. It appears that alternate families have not been attracted to one of the primary waivers connected to nursing home exits at least in part because rates are lower than other waivers. HHSC and DADS are exploring this issue.

## **Opportunities for Further Progress**

Four years of experience have demonstrated both the feasibility and desirability of family-based alternatives. There is clear evidence that interest in family-based alternatives is growing among families and providers, pointing to the need to continue implementation of this best practices model. The following are considerations for furthering the progress of this initiative:

- **Explore ways to use existing resources differently**
  - Several providers of large facilities have indicated willingness to explore ways to redirect services to family-based options.
  - Experience over the past two years involving waivers for targeted groups has increased the opportunities for children to move from nursing homes or to avoid institutional placement after aging out of CPS. Success suggests continuing to explore ways to cross funding silos, residence types, and/or provider types to take advantage of the best-fitting waiver for the individual rather than limiting waivers by the type of residence being exited.

- **Promote family-based alternatives**
  - Continue to provide permanency planning training with particular emphasis on how alternatives are explained to parents.
  - Explore ways to address unreachable parents where informed choice cannot be ascertained, and reachable parents who are unwilling to participate in planning.
- **Increase stakeholder awareness, knowledge, and understanding**
  - Increase stakeholder understanding of the developmental needs of children and the related developmental rationale for family-based alternatives.
  - Disseminate information through materials, presentations, and technical assistance about family-based alternatives and “how-to” details of creating family-based alternatives.
- **Capitalize on provider interest**
  - Develop an interagency plan to decrease institutionalization of children.
  - Address ways to divert new admissions to residential care that perpetuate the problem of institutionalization of children.
- **Engage interagency collaboration**
  - Improve ability to cross-reference agency databases, including permanency planning data, to better understand aggregate needs for use in long-range planning.
  - Engage in interagency comparisons of parallel alternate family services (i.e., DFPS foster care, HCS foster/companion family, CLASS Support Family) to promote cross-fertilization of ideas and experience, develop common standards, and eliminate contradictory or duplicative processes.

## Summary

The Family-Based Alternatives project has established a strong foundation for the development of new opportunities for children with disabilities who live in institutions and their families. The project has:

- Demonstrated that families are willing to provide homes for institutionalized children with disabilities.
- Demonstrated that birth families choose alternatives to institutional placement when quality alternate families are available.
- Identified systemic barriers and offered technical assistance in seeking ways to increase capacity and access to family-based alternatives.
- Become recognized as a source of valued expertise to increase the state’s ability to offer family-based alternatives.