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# Permanency Planning 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  
**July 2007**

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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 February 28, 2007.

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 systems' 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, 2006, the following activities were initiated or completed:

- Supported the local mental retardation authorities (MRAs) as they assumed 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) group home, or State Mental Retardation Facility (SMRF);
- Assigned initial and ongoing responsibility for permanency planning for children residing in a nursing facility, previously assigned to DADS regional Medically Dependent Children’s Program (MDCP) staff, to the local MRAs;
- Provided DADS information letters and updates to providers and MRAs regarding rule revisions or clarifications for the ICF/MR program, HCS program, Continuity of Care – State Mental Retardation Facilities, and Nursing Facilities, as they related to implementation of S.B. 40 and H.B. 2579, 79<sup>th</sup> Legislature, Regular Session, 2005;
- Monitored permanency planning status reports on a weekly and monthly basis;
- Addressed report exceptions;
- Made ongoing reports available to local MRAs for monitoring status of permanency planning efforts and assisting with local planning;
- Provided technical assistance to DADS staff, MRA staff, Medicaid providers, and staff at DFPS to assist in compliance with permanency planning requirements; and
- Completed the development of advanced permanency planning training and began scheduling regional training for DADS state and local staff and MRA staff, as well as staff from DFPS and the Department of State Health Services (DSHS), relocation specialists, and other stakeholders.

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

- DFPS continues to hold regular discussions with regional developmental disability specialists 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 carry caseloads of children placed in targeted institutional settings in addition to their other responsibilities.
- DFPS staff will work with DADS staff to implement the General Appropriations Act, Rider 37, 80th Legislature, Regular Session, 2007 regarding making additional HCS waiver slots available to CPS youth transitioning out of care.
- The Department’s developmental disability specialists continue to complete 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 alternatives (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, who 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>**

Nursing Homes	DFPS	ICF/MR, State Schools & HCS	TOTAL
186 <sup>2</sup>	202 <sup>3</sup>	1,248	1,636

**TABLE 2: NUMBER OF CHILDREN WITH DEVELOPMENTAL DISABILITIES BY FACILITY TYPE**

DADS Facilities	DFPS Children Under Age 22	Non-DFPS Children Under Age 22	Total Children Under Age 22
Small ICF/MR facility	28	247	275
Medium ICF/MR facility	5	53	58
Large ICF/MR facility	7	82	89
State School/Center	24	273	297
Nursing Home	3	183	186
HCS Group Home	<u>25</u>	<u>504</u>	<u>529</u>
	<b>92</b>	<b>1,342</b>	<b>1,434</b>

  

DFPS Facility Providing Long-Term Residential Services	DFPS	Other DFPS Licensed Facilities <sup>4</sup>	Total
Independent foster group home	3	Residential Treatment Center	88
DFPS Licensed Institution for MR	69	Other Group Settings	<u>29</u>
Basic Care Facility	<u>13</u>		<b>117</b>
	<b>85</b>		

<sup>1</sup> Data reflects the number of children residing in an institution as of February 28, 2007, with the exception of children residing in a nursing facility (See footnote #2).

<sup>2</sup> DADS recently implemented changes in the permanency planning process for children residing in nursing facilities that affected the data available for this reporting period. The changes in the system for reporting these data will result in more detailed data on children residing in nursing facilities in the December 2007 legislative report. However, due to the phase in for the new process and data system, the data in this report includes only those children who were residing in a nursing facility as of December 31, 2006. Children who either entered or left a nursing facility between January 1, 2007 and February 28, 2007 or who were deceased during that time frame are not captured in this number. This data will be captured in the next report.

<sup>3</sup> Of the 6,755 CPS children in institutional settings on February 28, 2007, 447 were identified as having a developmental disability. There were also 89 young adults aged 18 to 22 in the DADS Guardianship program that were placed in institutional settings; combining the two figures together (447 + 89=536). By agreement with HHSC, for purposes of this report, DFPS will target permanency planning reporting efforts at CPS children placed at Mission Roads, Casa Esperanza, and children placed in independent foster group home settings, if they have a diagnosed developmental disability. As of February 28, 2007, CPS had 55 children at Mission Roads, 14 at Casa Esperanza, 13 in Basic Care facilities and three children with a developmental disability in independent foster group home settings, for a total of 85.

<sup>4</sup> These are not considered to be long-term care facilities; however, DFPS continues to report these in the total number of children in facilities. "Other Group Settings" include settings such as hospitals, emergency shelters, therapeutic camps, psychiatric hospitals, and juvenile justice facilities.

**TABLE 3: 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>
186	85	1107 <sup>5</sup>	1,378

***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 February 28, 2007. 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 4: 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	167 <sup>6</sup>	186
ICF/MR, State Schools & HCS Placements	1,228	1,248

**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 certain facilities,

<sup>5</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.

<sup>6</sup> See footnote #2. In addition, some of these plans may have already been completed, but are not yet entered into the new data system. These data will be reported in the end of year legislative report.

DFPS *also* completes the HHSC Permanency Planning Instrument (PPI) to assist with permanency planning activities and to comply with reporting requirements.

**TABLE 5: PERMANENCY PLANS COMPLETED BY DFPS**

<b>Total Plans Completed</b>	<b>Total Plans Required</b>
46	85

As of February 28, 2007, DFPS had responsibility for preparing PPI reports on 85 children. For the reporting period, DFPS sent permanency information on 46 plans to HHSC for DFPS youth. 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 continuing at a steady pace. 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 six-month period ending February 28, 2007 for children in ICF/MRs, state schools, HCS, and DFPS institutions and a four month period ending December 31, 2006 for children in nursing facilities. 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 six month reporting period described above ending February 28, 2007:

- 62 children moved to less restrictive environments (other than family-based settings)
- 125 children moved to family-based settings
- 187 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, ICF/MR, State School, HCS**

During the period from September 1, 2006 through December 31, 2006, data indicates that no children moved from institutional settings into other settings. However, as explained earlier in this report, this number may be inaccurate because no data is available for the two-month time period between January 1, 2007 and February 28, 2007.

During the period of September 1, 2006 through February 28, 2007, 128 individuals from birth through 21 years of age moved from an institutional setting to a less restrictive setting in the community.

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

The number of individuals under 22 years of age living in DADS related facilities including ICF/MRs, state schools, nursing homes and HCS supervised living or residential support, has decreased slightly from 1,508 in August 2002 to 1,434 in February 28, 2007. 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, in the last five years, the number of individuals under age 22 living in state schools that has increased by 23 percent and by 49 percent in medium ICF/MRs. However, overall, the number of children living in ICF/MRs and state schools combined has declined by 25 percent in the past five 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 February 28, 2007.

**TABLE 6: 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 February 28, 2007</b>	<b>Percent Change</b>
HCS Supervised Living or Residential Support	312	529	+69%
Small ICF/MR Facility	418	275	(34%)
Medium ICF/MR facility	39	58	+49%
Large ICF/MR facility	264	89	(66%)
State School	241	297	+23%
Nursing facility	234	186	(21%)
<b>Total</b>	<b>1,508</b>	<b>1,434</b>	<b>(5%)</b>

## Texas Department of Family and Protective Services

During the period of August 31, 2006 to February 28, 2007, there were 59 children that transitioned to a less restrictive setting in the community:

- 15 children moved to less restrictive institutional settings (HCS homes, small ICFs-MR, or foster group homes) from another institutional placement
- 35 children transitioned to family settings
- 9 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 7 illustrates the percentage of the 1,228 individuals with permanency plans on February 28, 2007 who needed each support service in order to achieve their permanency planning goal.

**TABLE 7: PERCENT OF INDIVIDUALS WITH PERMANENCY PLANS NEEDING SUPPORT SERVICES**

<b>Service Type</b>	<b>Percent of Individuals Needing Support Service</b>
Behavioral Intervention	46%
Crisis Intervention	23%
Support Family	13%
Family/LAR Support	11%
In-Home Health	5%
Mental Health Services	34%
Night Person	38%
On-going Medical Services	45%
Personal Attendant	45%
Respite In-Home	25%
Respite Out of Home	26%
Specialized Equipment	14%
Specialized Transportation	13%

<b>Service Type</b>	<b>Percent of Individuals Needing Support Service</b>
Training	28%
Transportation	39%
Volunteer Advocate	3%
Child Care	14%
Durable Medical Equipment	10%
Architectural Modification	7%
Specialized Therapies	17%

**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 90 individuals who moved out of an institution into their birth home or an alternate family home from September 1, 2006 through February 28, 2007.

**TABLE 8: INDIVIDUALS (TOTAL OF 90) REUNITED WITH FAMILY/ MOVED TO ALTERNATE FAMILY**

<i>Total Number of Children This Period:</i>	<i>Reunited w/Family 37</i>	<i>Live w/Alternate Family 53</i>
<b>Service Type</b>	<b>Number Needing Service to Reunite with Family</b>	<b>Number Needing Service to Live with Alternate Family</b>
Behavioral Intervention	14	25
Crisis Intervention	8	12
Support Family	3	7
Family/LAR Support	2	3
In-Home Health	4	3
Mental Health Services	7	24
Night Person	10	19
On-going Medical Services	17	27
Personal Attendant	18	25
Respite In-Home	11	18
Respite Out of Home	11	16
Specialized Equipment	7	5
Specialized Transportation	3	12
Training	11	19
Transportation	9	21
Volunteer Advocate	0	5
Child Care	5	9
Durable Medical Equipment	5	4
Architectural Modification	4	5
Specialized Therapies	6	9

## **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;
- EveryChild, Inc., HHSC's Family-Based Alternatives contractor, explores support family alternatives to institutional care, wrap-around, and other services for children with disabilities in an effort to transition children from institutional settings into the community;
- knowledgeable resource personnel that assisted caseworkers (such as developmental disability specialists in regions);
- foster families willing to work with children with special needs;
- Rider 54, making additional HCS waiver slots available to CPS youth transitioning out of care; 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;
- behavior intervention services; and
- other Medicaid Waiver resources for children currently in out of home care.

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

## Summary and 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 risen slightly:

**TABLE 9: NUMBER OF CHILDREN RESIDING IN INSTITUTIONS 2003-2007**

Reporting Period	Total Number of Children Residing in Institutions
Mid year 2007	1,636
Mid year 2006	1,596
Mid year 2005	1,587
Mid year 2004	1,587
Mid year 2003	1,545

While the total number of children in institutions, as defined by S.B. 368, which includes HCS supervised living and residential support, has risen slightly, DADS residential settings are continuing a shift to smaller, less restrictive environments. In the six month period reflected in this report, the number of children in large ICF/MR facilities has dropped by 18 percent. The number of children living in all ICF/MRs and state schools remains largely unchanged over the same six month period, as is the number of children living in less restrictive HCS settings. The number of children in nursing facilities is up 11 percent in the six month reporting period.

**TABLE 10: CHANGE IN NUMBER OF CHILDREN IN INSTITUTIONS:  
FEBRUARY 28, 2006 TO FEBRUARY 28, 2007**

<b>Institutional Type</b>	<b>Number as of February 28, 2006</b>	<b>Number as of August 31, 2006</b>	<b>Number as of February 28, 2007</b>	<b>Percent Change (last six months)</b>	<b>Percent Change (last twelve months)</b>
Large ICF/MR	110	108	89	(18%)	(19%)
State School	248	270	297	+10%	+20%
Total all ICF/MRs	706	721	719	(.3%)	+2%
HCS Supervised Living or Residential Support	508	538	529	(2%)	+4%
Nursing Facility	174	168	186	+11%	+7%

Since the end of fiscal year 2002, the number of children residing in all ICFs/MR, including state schools, has declined by 25 percent, while the number of children in large ICF/MRs (not including state schools) has dropped by 66 percent. During the same period, the number of children receiving less restrictive HCS supervised living or residential support has risen 69 percent. Excluding children in HCS group homes, the number of children under age 22 residing in all other types of facilities has declined by 19 percent, since August 2002 (using DFPS data as of August 2003).

**TABLE 10: CHANGE IN NUMBER OF CHILDREN IN INSTITUTIONS 2002-2007**

<b>Institutional Type</b>	<b>Number as of 8/31/02 (DFPS August 2003)</b>	<b>Number as of 2/28/07</b>	<b>Percent Change</b>
Large Non-State School ICF/MR Facility	264	89	(66%)
Total all ICF/MRs and State Schools	962	719	(25%)
HCS Supervised Living or Residential Support	312	529	+69%
Nursing Facilities	234	186	(21%)
DFPS Licensed Facilities	167	202	+21%
<i>All facilities</i> (nursing facilities, ICF/MRs, state schools, and DFPS licensed facilities) <i>without</i> HCS included	1,363	1,107	(19%)

The 125 children returning to family or a family-based alternative is similar to the number reported at mid year 2006, but down somewhat from mid year 2005:

**TABLE 11: NUMBER OF CHILDREN MOVING INTO FAMILIES 2003-2007**

<b>Reporting Period</b>	<b>Number of Children Moved to Family or Family-Based Alternatives</b>
Mid year 2007	125
Mid year 2006	123
Mid year 2005	156
Mid year 2004	57
Mid year 2003	n/a

The 62 children moving to less restrictive environments other than family or family-based alternatives is up slightly from mid point last year, but down measurably from two years ago:

**TABLE 12: NUMBER OF CHILDREN MOVING TO LESS RESTRICTIVE ENVIRONMENTS 2003-2007**

<b>Reporting Period</b>	<b>Number of Children Moved to Less Restrictive Environment</b>
Mid year 2007	62
Mid year 2006	57
Mid year 2005	113
Mid year 2004	37
Mid year 2003	n/a

During the six month reporting period ending February 28, 2007:

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

The above totals 187 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.