
Permanency Planning Report

In Response to Senate Bill 368, 77th Legislature, Regular Session, 2001



Submitted to the Governor and the Texas Legislature
July 2006

TABLE OF CONTENTS

Permanency Planning Report 2

Introduction and Purpose 2

Summary of Agency Activities..... 2

Reporting Elements 4

 Total Number of Children Residing in Institutions 5

 Circumstances of each Child Residing in an Institution 6

 Permanency Plans Developed for Children in Institutions 7

 Movement of Children from Institutions to the Community and to Families, or
 Family-Based Alternatives..... 8

 Community Supports Necessary to Transition Children to Support Families..... 10

 Community Supports Unavailable for Children Recommended for Movement to
 the Community..... 13

Summary and Conclusion 13

Appendix A: Demographics by County – Child 16

Appendix B: Demographics by County – Parent..... 33

Permanency Planning

Introduction and Purpose

With the passing of Senate Bill (S.B.) 368, 77th 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, 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 79th 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:

- In response to S.B. 40, 79th Legislature, Regular Session, 2005, DADS:
 - Assigned responsibility for ongoing permanency planning to the local mental retardation authorities in order to “minimize the potential conflict of interest that may exist or arise between the Intermediate Care Facility for Persons with Mental Retardation (ICF/MR), Home and Community Based Services (HCS), or State Mental Retardation Facility (SMRF) provider and the best interest of the child;” and
 - Began the process of revising rules related to the ICF/MR program, HCS program, and Continuity of Care – State Mental Retardation Facilities accordingly.
- In response to H.B. 2579, 79th Legislature, Regular Session, 2005, DADS:
 - 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
 - Began the process of revising rules 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 assist with local planning;
 - Creating additional reports at the request of the local MRAs to assist them in improving their local permanency planning efforts;
 - Providing individualized technical assistance to DADS staff, MRA staff, Medicaid providers, and staff at DFPS to assist them in complying 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
 - Initiating revising the permanency planning instruments to include information required by H.B. 2579.

Texas Department of Family and Protective Services

- DFPS continued to hold regular discussions with 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 began to serve as the primary caseworkers for children with disabilities that are placed in certain facilities.
- The Department's developmental disability specialists have begun to make quarterly presentations on DFPS children placed in nursing homes, state schools, ICF/MRs and FPS Licensed Institutions serving children with MR to Intensive Foster Family Providers.
- EveryChild, Inc. provided training to the Department's developmental disability specialists on ways to improve discharge planning and the pre-placement visitation process for children with special needs as they transition from institutional placements back into family placements.
- DFPS staff worked with DADS staff to implement the 2006-2007 General Appropriations Act (Article II, Department of Aging and Disability Services, Rider 54, H.B. 1, 79th Legislature, Regular Session, 2005) regarding making additional HCS waiver slots available to Child Protective Services (CPS) youth transitioning out of care.
- DFPS is in the process of hiring nurses in each region of the state. DFPS anticipates that the nurses will be hired and have completed training by the end of the summer.

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 coordinated the update and revision of the permanency planning instrument used throughout the agencies.
- HHSC worked with the family based alternative (FBA) contractor, EveryChild, Inc. to continue 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 service (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 four years. Agencies were required to begin implementing the data reporting/placement-approval system in March 2002. Initial data collection efforts have required systems' changes in all the involved agencies and among a variety of types of service providers. As each state agency continues to collect data and provide training and technical assistance to providers, compliance and reliability has improved. Agencies will continue to look for opportunities to address consistency in permanency planning processes across programs. In the last year, HHSC convened agencies to update and revise the permanency planning instrument used across the system.

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, and 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 INSTITUTIONS¹

Nursing Homes	DFPS	ICF/MR, State Schools & HCS	TOTAL
174 ²	208 ³	1,214	1,596

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

Nursing Homes	DFPS	ICF/MR, State Schools & HCS	TOTAL
164	208	1028 ⁴	1,400

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, 2006. The data included in the report determines age and length of time in an institution based on the date the data was received.

¹ Data reflects the number of children residing in an institution as of February 28, 2006.

² The number of children living in a nursing facility is lower than previously reported due to a **change in data reporting methodology** and does not represent a significant decrease in the number of children residing in a nursing facility. Previously reported nursing facility data included all children who resided in a nursing facility during the previous six-month period.

³ As of February 28, 2006 there were 19,660 children in the CPS program in some type of licensed or regulated care (foster care) setting. Of these, there were 12,975 children in foster family settings and 6,685 children in institutional settings. Of the 6,685 children in institutional settings: 3,097 children were in foster group homes, 820 were in basic care congregate settings, 1,566 were in residential treatment centers, 778 were in emergency shelters, and 424 were in other institutional settings (facilities licensed by other state agencies). Of these, 477 fit the criteria for permanency planning reporting to HHSC under S.B. 368.

Of the 6,685 CPS children in institutional settings on February 28, 2006, 390 were identified as having a developmental disability. For the DADS Guardianship Program, there were also 87 young adults aged 18 to 22 in the DADS Guardianship Program that were placed in institutional settings. Combining the two figures together, (390+87=477) and by agreement with HHSC, subtracting those served by the other HHS agencies (161) and subtracting those with a developmental disability placed in foster group homes (108), results in 208 requiring reporting from DFPS to HHSC.

⁴ 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.

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.

Texas Department of Aging and Disability Services - Nursing Homes

TABLE 3: PERMANENCY PLANS COMPLETED BY DADS FOR CHILDREN IN NURSING HOMES

TOTAL PLANS COMPLETED	TOTAL PLANS REQUIRED
160	174

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

TABLE 4: PERMANENCY PLANS COMPLETED BY DADS FOR CHILDREN IN ICF/MR, STATE SCHOOLS & HCS PLACEMENTS

TOTAL PLANS COMPLETED	TOTAL PLANS REQUIRED
1,185	1,214

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 HHSC reporting requirements.

TABLE 5: PERMANENCY PLANS COMPLETED BY DFPS

TOTAL PLANS COMPLETED	TOTAL PLANS REQUIRED
208	208 ⁵

As of February 28, 2006, DFPS and DADS had completed service plans that included permanency plans on these 208 youth. Moreover, court reports, which included permanency planning information, had also been submitted for court reviews for the DFPS youth. For the reporting period, DFPS completed Permanency Planning Instruments (PPIs) on 89 of these youth and sent the required information to HHSC.

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 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 six-month period ending February 28, 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.

⁵ Of the 6,685 DFPS children in institutional settings on February 28, 2006, 390 were identified as having a developmental disability. For the DADS Guardianship Program, there were also 87 young adults aged 18 to 22 in the DADS Guardianship Program that were placed in institutional settings. Combining the two figures together (390+87) and, by agreement with HHSC, subtracting those served by other HHS agencies (161) and subtracting those with developmental disability placed in foster group homes (108) results in 208 requiring reporting from DFPS. For the months September 2005 to February 2006, DFPS sent data on 89 plans to HHSC for DFPS youth.

Across agencies, for the reporting period described above ending February 28, 2006:

- 60 children moved to less restrictive environments (other than family-based settings)
- 123 children moved to family-based settings
- 183 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 February 28, 2006, 19 children moved from institutional settings into other settings; of these:

- 17 children returned to their families
- 2 children moved to another institutional setting (one to a state hospital, one to an ICF/MR facility)

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

During the period of September 1, 2005 through February 28, 2006, 96 individuals from birth through 21 years of age moved from an institutional setting to a less restrictive setting in the community.

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

Although the number of individuals under 22 years of age living in an institutional setting, as defined by S.B. 368, has remained fairly constant, there have been 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 only exception is the number of individuals under age 22 living in state schools, which has remained fairly constant. Overall, the number of children living in ICF/MRs and state schools has declined by 27 percent in the past 3.5 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, 2006. Similar data is not available for individuals living in nursing homes.

TABLE 6: NUMBER OF INDIVIDUALS LIVING IN ICF/MR AND HCS INSTITUTIONAL TYPE

Institutional Type	Number as of August 31, 2002	Number as of February 28, 2006	Percent Change
HCS Supervised Living or Residential Support	312	508	+62%
Small ICF/MR Facility	418	290	-30%
Medium ICF/MR facility	39	58	+48%
Large ICF/MR facility	264	110	-58%
State School	241	248	+5%
Total	1,274	1,214	-5%

Texas Department of Family and Protective Services

During the period of August 31, 2005 to February 28, 2006, there were 70 children that transitioned to a less restrictive setting in the community:

- 18 children moved to less restrictive institutional settings (HCS homes, small ICFs-MR, or foster group homes) who had been in other institutional placements
- 49 children transitioned to family settings
- 3 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

The following table 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 7: PERCENT OF INDIVIDUALS WITH PERMANENCY PLANS NEEDING SUPPORT SERVICES

Service Type	Percent of Individuals Needing Support Service
Behavioral Intervention	49%
Crisis Intervention	24%
Support Family	17%
Family/LAR Support	13%
In-Home Health	6%
Mental Health Services	34%
Night Person	41%
On-going Medical Services	46%
Personal Attendant	43%
Respite In-Home	26%
Respite Out of Home	25%
Specialized Equipment	15%
Specialized Transportation	16%
Training	31%
Transportation	31%
Volunteer Advocate	4%
Child Care	15%
Durable Medical Equipment	11%
Architectural Modification	9%
Specialized Therapies	21%

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 57 individuals who moved out of an institution into their birth home or an alternate family home from September 1, 2005 through February 28, 2006.

TABLE 8: INDIVIDUALS (TOTAL OF 57) REUNITED WITH FAMILY/ MOVED TO ALTERNATE FAMILY

<i>TOTAL NUMBER of CHILDREN this PERIOD</i>	<i>Reunited w/Family 17</i>	<i>Live w/Alternate Family 40</i>
Service Type	Number Who Needed These Services to Reunite with Family	Number Who Needed These Services to Live with an Alternate Family
Behavioral Intervention	5	28
Crisis Intervention	3	6
Support Family	1	12
Family/LAR Support	1	2
In-Home Health	1	6
Mental Health Services	3	12
Night Person	3	16
On-going Medical Services	4	20
Personal Attendant	3	18
Respite In-Home	0	11
Respite Out of Home	1	8
Specialized Equipment	0	9
Specialized Transportation	1	9
Training	3	15
Transportation	1	17
Volunteer Advocate	0	5
Child Care	1	7
Durable Medical Equipment	1	9
Architectural Modification	0	9
Specialized Therapies	1	14

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;
- Use of the 79th Legislature, Appropriations Act, Rider 54 funds allocated for HCS Waiver slots for DFPS children aging out of foster care or other forms of substitute care;
- 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 assist 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. HHSC is committed to continuing efforts to provide each child with the opportunity to grow up in a family.

Key Points

During the six month reporting period ending February 28, 2006:

- 123 children were moved from institutions to family-based settings, of which
 - 34 returned to their birth home, and
 - 89 moved to other family-based alternatives.
- 60 children left an institution for a less restrictive setting under an arrangement other than a family or family-based alternative.

The above totals 183 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.

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

Reporting Period	Total Number of Children Residing in Institutions
Mid-year 2005	1,587
Mid-year 2004	1,587
Mid-year 2003	1,545

The 123 children returning to family or a family-based alternative is down some from mid-year 2005, but up significantly from mid-year 2004:

Reporting Period	Number of Children Moved to Family or Family-Based Alternatives
Mid-year 2005	156
Mid-year 2004	57
Mid-year 2003	No mid-year data available

The 57 children moving to less restrictive environments other than family or family-based alternatives also down from last year, but up from the year before:

Reporting Period	Number of Children Moved to Less Restrictive Environment
Mid-year 2005	113
Mid-year 2004	37
Mid-year 2003	No mid-year data available

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 the shift to smaller, less restrictive environments. Since the December 2005 report, the number of children in large ICF/MR facilities has dropped by 14 percent. There are 29 fewer children in all ICF/MRs and state schools, and 26 more children living in less restrictive HCS settings over the same six month period.

Institutional Type	Number as of August 31, 2005 (from December 2005 Report)	Number as of February 28, 2006	Six month change	Percent Change (six months)
Large ICF/MR Facility	128	110	-18	-14%
Total all ICF/MRs and State Schools	725	696	-29	-4%
HCS Supervised Living or Residential Support	482	508	+26	+5%

Since the end of fiscal year 2002, the number of children residing in ICF/MRs and state schools has declined by 27 percent, while the number of children in large ICF/MRs (not including state schools) has dropped by 58 percent. During the same period, the number of children receiving less restrictive HCS supervised living or residential support has risen 62 percent.

Institutional Type	Number as of August 31, 2002	Number as of February 28, 2006	Percent Change
Large ICF/MR Facility	264	110	-58%
Total all ICF/MRs and State Schools	962	696	-27%
HCS Supervised Living or Residential Support	312	508	+62%