
Permanency Planning and Family-Based Alternatives Report

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



Submitted to the Governor and the Texas Legislature
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TABLE OF CONTENTS

Permanency Planning Report	1
Introduction and Purpose	1
Summary of Agency Activities	2
Texas Department of Aging and Disability Services.....	2
Texas Department of Family and Protective Services	4
Texas Health and Human Services Commission	4
Reporting Elements	5
Total Number of Children Residing in Institutions	5
Circumstances of Each Child Residing in an Institution	7
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.....	9
Community Supports Unavailable for Children Recommended for Movement to the Community	12
Summary of Trends in Data	13
Family-Based Alternatives	17
Background	17
Basis for Development of Family-Based Alternatives	17
Contract Award.....	17
Activities and Accomplishments	17
Family-Based Alternatives Contractor Data.....	17
System Progress and Challenges	25
Substantial Progress	25
Challenges to Continued Progress in Developing Family-Based Alternatives	26
Opportunities for Further Progress	27
 Appendix A: Demographics by County – Child	 A-1
Appendix B: Demographics by County – Parent	B-1

PERMANENCY PLANNING

INTRODUCTION AND PURPOSE

With the passage 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 August 31, 2008.

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.

Texas Department of Aging and Disability Services

Since September 1, 2007 the following activities were initiated or completed:

- DADS monitored the timely completion of permanency plans.
- DADS monitored permanency planning status reports on a weekly and monthly basis.
- DADS made on-going reports available to local Mental Retardation Authorities (MRAs) for monitoring status of permanency planning efforts and assisting with local planning.
- DADS provided technical assistance to MRA staff to assist in compliance with permanency planning requirements.
- DADS convened a workgroup made up of representatives from health and human services agencies (HHS) and consumer and advocacy groups to identify and develop a plan to address the issues that result in the admission of children/youth to state schools and barriers that prevent children/youth in state schools from returning to their families/communities.

80th Legislature, Regular Session, 2007

The 2008-2009 General Appropriations Act (Article II, DADS, H.B. 1, 80th Legislature, Regular Session, 2007) included several riders pertaining to children:

- **Rider 37. Promoting Independence Plan**

As per the 2008-2009 General Appropriations Act, *“Out of funds appropriated above in Strategy A.3.2., Home and Community-Based Services, \$1,699,464 in General Revenue Funds in fiscal year 2008 and \$4,859,969 in General Revenue Funds in fiscal year 2009, along with the associated Federal Funds, were set aside from funds appropriated for interest list reduction, for 240 individuals moving out of large intermediate care facilities for persons with mental retardation (ICFs/MR) and 120 children aging out of foster care.”*¹

¹Actual appropriations of \$16.6 million. All funds (\$6.6 million general revenue) over the amount appropriated for interest list reduction will fund 180 individuals relocating from large ICFs/MR and 120 children aging out of foster care.

- **Rider 41. Services Under a 1915(c) Waiver**

As per the 2008-2009 General Appropriations Act, *“It is the intent of the Legislature that, from the funds appropriated above, DADS shall provide services under a Section 1915(c) waiver program, other than a nursing facility waiver program to an individual, 21 years and younger, leaving a nursing facility if the individual:*

- *meets the eligibility requirements for that Section 1915(c) waiver program; and*
- *in order to leave the nursing facility, requires services that are available only under that Section 1915(c) waiver program.”*

Rider 41 allows DADS to serve individuals moving out of a nursing facility through Money Follows the Person (MFP) to a waiver other than a nursing facility waiver. This rider language allows individuals who utilize MFP to be served in the Home and Community-Based Services (HCS) waiver.

- **Rider 42. Services under HCS Waiver Program**

As per the 2008-2009 General Appropriations Act, *“It is the intent of the Legislature that, from the funds appropriated above, if an individual 21 years and younger, seeking to leave an ICF/MR, has been offered services under the HCS waiver program, DADS may provide services to the individual under another Section 1915(c) waiver program if the individual leaving the facility:*

- *is determined to be ineligible for the services provided under the HCS waiver program; and*
- *meets the eligibility requirements for, and needs services provided under, another Section 1915(c) waiver program.”*

Rider 42 allows DADS, for individuals 21 years or younger currently residing in an ICF/MR but determined ineligible for HCS, to provide services through another 1915(c) waiver, if the individual meets the criteria for that waiver.

- **Rider 43. Promoting Community Services for Children**

As per the 2008-2009 General Appropriations Act, *“It is the intent of the Legislature, out of funds appropriated above, to provide opportunities for children (under the age of 22) residing in community ICFs/MR to transition to families during the 2008-2009 biennium. To facilitate such transitions when requested by parent/guardian, funding for up to 50 children residing in community ICFs/MR may be transferred from the Strategy A.7.1, Intermediate Care Facilities - MR, to Community Care Services strategies to cover the cost of the shift in services. The Executive Commissioner may develop rules that would allow decertification of the ICF/MR beds upon such transition to prevent additional costs being incurred.”*

Texas Department of Family and Protective Services

- DFPS continues to maintain 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.
- DFPS's developmental disability specialists manage 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.
- DFPS'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.
- Worked with DADS, DFPS, and EveryChild, Inc. to make improvements to the uniform permanency planning tool.
- HHSC provided oversight of the family-based alternative contract with EveryChild, Inc. to ensure continued implementation of the project in areas of the state with high concentrations of children residing in institutional settings.
- Directed DADS to convene a workgroup to identify and develop a plan to address the issues that result in the admission of children/youth to state schools and barriers that prevent children/youth in state schools from returning to their families/communities.

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 updated at the local level.

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. Institutions under the auspices of DADS include nursing facilities, community ICF/MR facilities (small, medium, and large), state mental retardation facilities, and HCS waiver settings (supervised living or residential support only).

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 INSTITUTIONS²

Nursing Facilities	Small ICFs/MR	Medium ICFs/MR	Large ICFs/MR	State MR facilities	HCS	DFPS GRO Facility	DFPS Other Licensed Facility	Total
109	267	39	62	345	570	109	123	1,624

² Data reflect the number of children residing in an institution as of August 31, 2008. Table 1 includes 102 DFPS children in DADS facilities (nursing facilities, ICFs/MR, and state mental retardation facilities).

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

	DFPS Children Under Age 22
DADS Facilities	
Small ICF/MR Facility	19
Medium ICF/MR Facility	6
Large ICF/MR Facility	8
State MR Facilities	31
Nursing Facilities	2
HCS	45
	104
DFPS General Residential Operations (GRO) Facility Providing Long-Term Residential Services	
Independent Foster Group Home	5
DFPS Licensed Institution for MR ³	88
Basic Care Facility	16
	109
Other DFPS Licensed Facilities⁴	
Residential Treatment Center (RTC)	91
Other Group Settings	32
	123
Total Children in DFPS Licensed Facilities	232
Total DFPS Children in all Facilities	336

TABLE 3: NUMBER OF CHILDREN RECOMMENDED FOR TRANSITION TO THE COMMUNITY

Recommendations Per Agency	Number of Children
DADS with Family/LAR Support to Move to Family Home	384
DADS with Family/LAR Support to Move to Alternate Family	277
DFPS	94
Total	755

³ Of the 5,578 CPS children in institutional settings on August 31, 2008, 448 were identified as having a developmental disability. 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, Shared Vision, and children placed in independent foster group home settings, if they have a diagnosed developmental disability. As of August 31, 2008, CPS had 47 children at Mission Roads, 11 at Casa Esperanza, 30 at Shared Vision, and 5 children with a developmental disability in independent foster group home settings.

⁴ 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.

Circumstances of Each Child Residing in an Institution

Attachment A: Demographics by County - Child and Attachment B: Demographics by County - Parent/Guardian contain 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 were drawn from children residing in institutions as of August 31, 2008. Age and length of time in an institution data are calculated based on the date the data was submitted to HHSC.

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 each 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 its children reside.

Permanency Planning at the Texas Department of Aging and Disability Services

TABLE 4: PERMANENCY PLANS COMPLETED BY DADS

Nursing Facilities	Small ICFs/MR	Medium ICFs/MR	Large ICFs/MR	State MR Facilities	HCS	Total
102	257	39	61	344	559	1,362

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, 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

Total Plans Completed	Total Plans Required
69	93

As of August 31, 2008, DFPS had responsibility for preparing PPI reports on 93 children. For the reporting period, DFPS sent permanency information on 69 plans to HHSC for DFPS youth. However, DFPS 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.

These data reflect movement of children from institutions to the community during a six-month period ending August 31, 2008. (For information regarding children who are in the process of moving, see *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, the preferred alternative for a child may be a support family, also known 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 August 31, 2008:

- 161 children moved to less restrictive environments (other than family-based settings);
- 145 children moved to family-based settings; and
- 306 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

During the period of March 1, 2008 through August 31, 2008, 202 individuals moved to a less restrictive setting:

- 114 individuals moved to HCS supervised living or residential support or a smaller ICF/MR;
- 27 individuals returned home; and
- 61 individuals moved to an alternate family.

Texas Department of Family and Protective Services

During the period of February 29, 2008 to August 31, 2008, there were 67 children that transitioned to a less restrictive setting in the community:

- 36 children moved to less restrictive institutional settings (HCS homes, small ICF/MRs, or foster group homes) from another institutional placement;
- 30 children transitioned to family settings; and
- 1 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

Table 6 illustrates the support services and the number and percentage of individuals who needed each support service in order to achieve their permanency planning goal.

TABLE 6: PERCENT OF INDIVIDUALS IN DADS INSTITUTIONS WITH PERMANENCY PLANS NEEDING SUPPORT SERVICES

Support Service	Total Needing Support Service	Percent Needing Support Service
Ongoing Medical Services	698	51%
Personal Attendant	658	48%
Behavioral Intervention	630	46%
Night Person	520	38%
Transportation	516	38%
Respite In-Home	470	34%
Respite Out-of-Home	444	32%
Mental Health Services	472	35%
Training	415	30%
Crisis Intervention	317	23%
Specialized Therapies	261	19%
Specialized Equipment	223	16%
Specialized Transportation	185	13%
Child Care	206	15%
Durable Medical Equipment	170	12%
Support Family	179	13%
Family/LAR Support	231	17%
Architectural Modification	148	11%
In-Home Health	115	8%
Volunteer Advocate	71	5%

Texas Department of Aging and Disability Services

From March 1, 2008 through August 31, 2008, a total of 88 individuals moved from a DADS institution to the birth family (27 individuals) or an alternate family (61 individuals). Table 7 illustrates the service needs that were identified for those individuals.

TABLE 7: SERVICE NEEDS OF INDIVIDUALS IN DADS INSTITUTIONS WHO REUNITED WITH FAMILY OR MOVED TO ALTERNATE FAMILY

Service Type	Number Who Needed These Services to Reunite with Family	Number Who Needed These Services to Live with an Alternate Family
Behavioral Intervention	12	26
Personal Attendant	7	24
Transportation	8	16
Night Person	6	18
On-going Medical Services	11	26
Mental Health Services	12	20
Training	7	12
Respite Out-of-Home	6	14
Respite In-Home	6	15
Crisis Intervention	2	14
Specialized Therapies	2	3
Specialized Equipment	2	7
Support Family	1	8
Child Care	0	5
Architectural Modification	1	3
Durable Medical Equipment	1	3
Specialized Transportation	1	6
In-Home Health	1	4
Family/LAR Support	0	7
Volunteer Advocate	1	3

Texas Department of Family and Protective Services

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

- parents being able to complete DFPS’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;

- interagency 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 (FBA) 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 37, making additional HCS waiver slots available to CPS youth transitioning out of care; and
- efforts of the Texas Integrated Funding Initiative and the Community Resource Coordination Groups.

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 on a timely basis, such as community services with waiting lists. For still others, the identification of and funding or accessibility to a specialized support is available, but the support service is not available in their particular community.

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 DFPS to resolve these issues so that the children can be returned to them. In other cases, DFPS 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 DFPS 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, including 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 OF TRENDS IN DATA

S.B. 368 includes HCS supervised living and residential support in the definition of an institution. Including children in HCS settings, the total number of children with developmental disabilities residing in institutions remained relatively unchanged over the past six years.

When HSC settings are factored out, the data reveals a decline of 31 percent in the number of children residing in DADS facilities since 2002, as children in DADS residential settings are continuing to experience a shift to smaller, less restrictive environments. The number of individuals living in all types of DADS institutions decreased moderately from 1,398 in August 2007 to 1,392 in August 2008, while the number of children in DFPS facilities increased by 10 percent. Excluding HCS, the total number of children in DADS and DFPS facilities combined remained relatively unchanged over the past year, while showing an overall decline of 23 percent since 2002.

**TABLE 8: TRENDS IN NUMBER OF CHILDREN RESIDING IN INSTITUTIONS
BY FACILITY TYPE 2003-2008**

Institution Type	Baseline Number as of 8/31/02*	Number as of 8/31/07	Number as of 8/31/08	Percent Change Since August 2002*	Percent Change in Past Year
HCS	312	558	570	83%	2%
Small ICFs/MR	418	276	267	(36%)	(3%)
Medium ICFs/MR	39	62	39	0%	(37%)
Large ICFs/MR	264	70	62	(77%)	(11%)
State MR Facilities	241	301	345	43%	15%
Nursing Facilities	234	131	109	(53%)	(17%)
DFPS Facilities	167	210	232	39%	10%
Total DADS Facilities	1,508	1,398	1,392	(8%)	0%
Total DADS Facilities Without HCS	1,196	840	822	(31%)	(2%)
Total DADS and DFPS	1,675	1,608	1,624	(3%)	1%
Total DADS and DFPS Without HCS	1,363	1,050	1,054	(23%)	0%

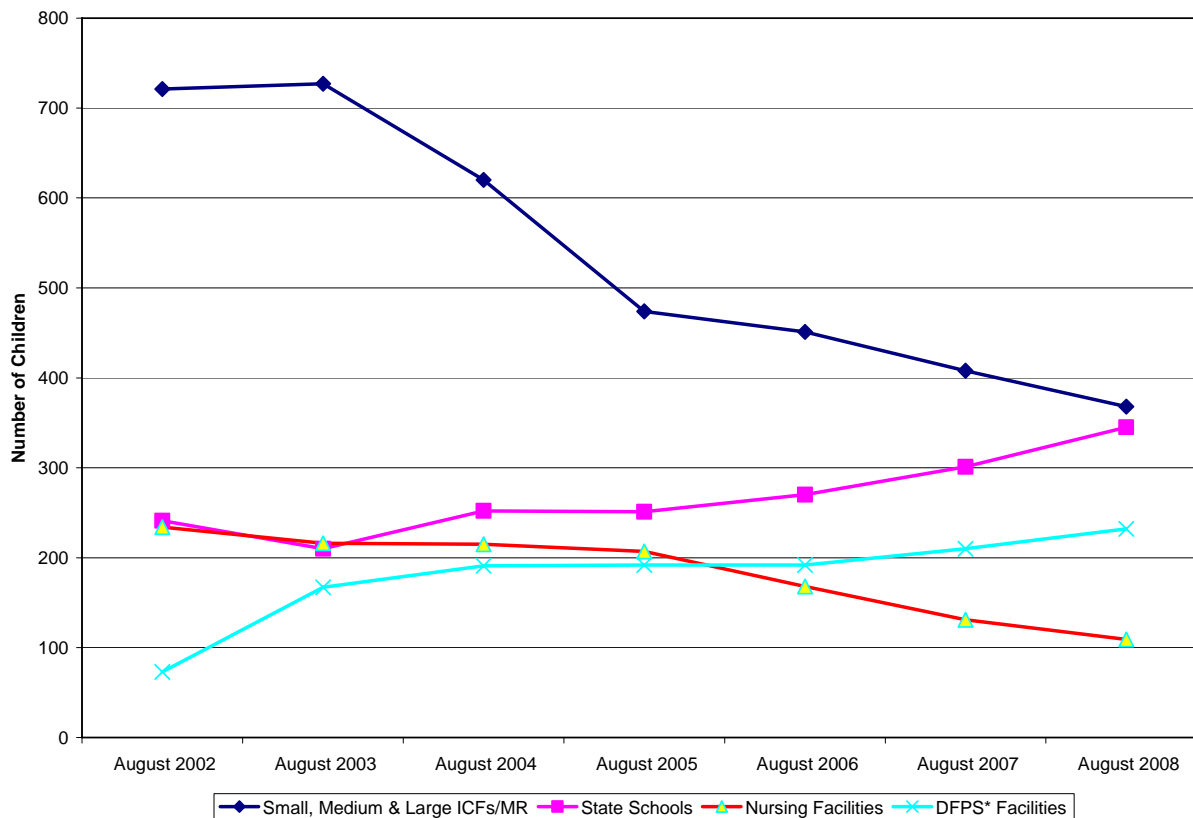
*Baseline data for DFPS facilities as of August 31, 2003.

The data show an overall increase in the number of individuals moving to smaller settings with two exceptions: state mental retardation facilities and DFPS licensed facilities, where in each the number of individuals has increased in the past year, and as compared to five years ago.

An additional 66 children are residing in state mental retardation facilities and DFPS licensed facilities compared to a year ago, an increase of 13 percent. This number has increased by 169, or 41 percent, since 2002.

Conversely, 62 fewer children are residing in private ICFs/MR and nursing facilities compared to a year ago, a decrease of 12 percent. This number has decreased by 478, or 50 percent, since 2002.

**TABLE 9: CHANGE IN NUMBER OF CHILDREN RESIDING IN INSTITUTIONS
BY FACILITY TYPE**



*2002 Data for DFPS is incomplete, therefore baseline data used in this report for DFPS facilities is as of August 31, 2003

During the fiscal year ending August 31, 2008:

- 263 children were moved from institutions (not including RTCs) to family-based settings, of which:
 - 51 returned to their birth home; and
 - 212 moved to other family-based alternatives.
- 312 children left an institution (not including RTCs) for a less-restrictive setting under an arrangement other than a family or family-based alternative.

The 263 children who moved back to birth families or to family-based alternatives in fiscal year 2008 is slightly higher than the 257 reported for fiscal year 2007. Over 1,200 children have moved back to birth families or to family-based alternatives since 2003.

The 312 children that moved to less restrictive environments other than family or family-based alternatives in fiscal year 2008 is up significantly from the 221 reported for fiscal year 2007. Nearly 1,000 children have moved to less restrictive environments since 2003.

A total of 575 children with disabilities left an institution for a family, family-based setting, or other less restrictive setting in fiscal year 2008.

Implementing this legislation requires ongoing collaboration among all oversight agencies, as well as providers and community groups, to ensure family options for each child. Agencies remain committed to continuing efforts to provide each child with the opportunity to grow up in a family.

FAMILY-BASED ALTERNATIVES

BACKGROUND

Basis for Development of Family-Based Alternatives

Child development experts and research concurs 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 institutions. S.B. 368, 77th Legislature, Regular Session, 2001 recognized the need to develop family-based alternatives for children with developmental disabilities who could not live with their birth families and established that “*the purpose of the system of family-based alternatives...is 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.*”

Contract Award

To assist in this effort, the legislation called for HHSC to “*contract with a community organization...for the development and implementation of a system under which a child who cannot reside with the child’s birth family may receive the necessary services in a family-based alternative.*” In 2002, HHSC awarded the contract to EveryChild, Inc. and renewed the contract for the four subsequent years. In 2007, a request for proposal was posted to continue to develop a system of family-based alternatives; EveryChild, Inc. (hereafter identified as the FBA contractor) was awarded this contract. The contract was renewed in 2008.

ACTIVITIES AND ACCOMPLISHMENTS

Family-Based Alternatives Contractor Data

Overall, the FBA contractor strategy for developing a system of family-based alternatives involves a number of interrelated elements:

- build relationships with birth families or guardians to help them feel comfortable in exploring family-based options for children;
- develop providers’ interest and expertise in offering family-based alternatives to increase the state’s capacity to provide family-based alternatives to institutions;
- carefully match children and recruited support (alternate) families to assure the “best fit” with the child’s needs and the birth family’s preferences;

- assure thorough preparation of families to care for children through transition planning that provides adequate preparation time and availability of supports to ensure longevity of placement; and
- increase awareness, develop expertise, and promote systems change by providing technical assistance, training, and consultation to promote a best-practices model of family-based alternatives.

Achievement of family life for children living in institutions

The FBA contractor has provided intensive assistance and collaboration to facilitate children moving from facilities to families. The number of children who have benefitted by moving to a family with assistance provided by the FBA contractor has been increasing over the course of the project.

TABLE 10. CHILDREN MOVED TO FAMILIES FROM INSTITUTIONS WITH FBA CONTRACTOR ASSISTANCE

Children moved to families from institutional settings	FY ending 8/31/03	FY ending 8/31/04	FY ending 8/31/05	FY ending 8/31/06	FY ending 8/31/07	FY ending 8/31/08	TOTAL
Returned to birth families	2	1	4	10	20	12	49
Placed with support (alternate) families	8	10	20	21	33	32	124
Moved to own home (young adult)					1		1
TOTAL	10	11	24	31	54	44	174

The legislation called for the commission to “*begin implementation of the system in areas of the state with high numbers of children who reside in institutions.*” The FBA contractor has focused efforts on the state’s largest facilities and facilities with the largest number of children. The FBA contractor prioritized children living in ten facilities in five different regions of the state serving large numbers of children with developmental disabilities. Of the 174 children placed with FBA contractor assistance since 2002, 143 (82 percent) were placed from large facilities.

**TABLE 11. TYPE OF FACILITY FROM WHICH CHILDREN MOVED TO FAMILIES
WITH FBA CONTRACTOR ASSISTANCE**

Type of facility from which children moved	TOTAL children moved to families as of 8/31/08
Large Facilities	
Nursing Home	64
ICF (large)	54
DFPS Institution for Individuals with Mental Retardation	20
State School	2
State Hospital	1
RTC	1
School for the Blind	1
	<hr/> 143
Medium and small facilities	
ICF group home (medium or small)	14
HCS group home	7
DFPS group home	3
	<hr/> 24
Diverted from Institutional Admission	7
Total	<hr/> 174

Over the six years of the FBA contract, dramatic changes have occurred in the number of children living in large facilities. The FBA contractor efforts have contributed significantly to increased awareness and increased capacity to offer family-based alternatives, which is reflected in the reduction of children’s placements in large facilities.

Activities contributing to development and implementation of a system of family-based alternatives

Recruitment and training of alternate families

The legislation established that “*the system must provide for recruiting and training alternate families to provide services for children*” and “*comprehensively assessing...each alternative family available to provide services, as necessary to identify the most appropriate alternative family for placement of the child.*” The legislation allowed that “*the system may be administered in cooperation with public and private entities.*”

The FBA contractor has sought to expand capacity to offer family-based alternatives by collaborating with provider organizations that are in turn responsible by contract and licensure for recruiting, assessing, and training alternative families who provide services for their organization.

TABLE 12. FBA CONTRACTOR IDENTIFICATION OF PROVIDER INTEREST IN BUILDING CAPACITY TO OFFER FAMILY-BASED ALTERNATIVES

	08/03	08/04	08/05	08/06	08/07	08/08
Number of providers identified for potential development of capacity to offer family-based alternatives	3	10	29	59	109	140

Of these providers, 19 have joined a consortium of providers hosted by the FBA contractor for providers who are interested in collaborating to increase their skills and capacity to offer family-based alternatives. Consortium meetings have been convened by the FBA contractor regularly in Austin, Houston, Dallas, and San Antonio. Of the 174 children assisted by the FBA contractor to move to families, 98 (56 percent) were made in collaboration with the consortium members.

The FBA contractor has been able to obtain grant funding to supplement the recruitment and training of families. FBA contractor grant-funded activities during this reporting period have included presentations to over 700 participants, distribution of over 2,300 fliers or informational packets, and circulation of over 80,000 publications with information about the need for alternate families.

Identifying and assessing children

The legislation required that *“the system must provide for identifying each child residing in an institution”* and that *“the system must provide for comprehensively assessing each child in need of services.”*

Since 2002, the FBA contractor has identified over 900 children residing in institutions. The FBA contractor has prioritized children in large facilities and facilities with large numbers of children, as well as children whose permanency plans suggest families’ preferences for family-based alternatives. The FBA contractor has gathered comprehensive information on prioritized children from personal observations of the child at the facility; review of permanency plans; review of assessments and other records at the facility; interviews with the facility and school staff; arranging for additional specialized assessments where needed; and conversations with the child’s family or guardians.

**TABLE 13: CHILDREN IDENTIFIED AND COMPREHENSIVE INFORMATION GATHERED
BY FBA CONTRACTOR**

<i>Children identified residing in an institution</i>		
Currently residing in facilities as of 8/31/2008		470
• FBA contractor actively gathering information	330	
• On hold due to unwillingness of family to consider alternatives or lower priority for older youth living in small community-based facilities	140	
Formerly residing in facilities		449
• Moved to families	217	
• Aged out, died, or moved out of state	232	
TOTAL identified since 2002		919

The FBA contractor has arranged for additional comprehensive assessments to supplement information from the facilities. During this reporting year, additional assessments have included 17 by a positive support specialist for children with challenging behavior and 5 nursing assessments for children with complex medical needs.

Providing information to parents and guardians

The legislation required that “*the system must provide for providing to a child’s parents or guardian information regarding the availability of a family-based alternative.*”

The FBA contractor has had contact with hundreds of families and guardians to explain options. For 335 families or guardians, this contact has resulted in interest in learning more or exploring the possibility of their child or ward moving to a family situation.

TABLE 14. DISCUSSIONS WITH PARENTS OR GUARDIANS BY FBA CONTRACTOR LEADING TO EXPLORATION OF MOVEMENT FROM INSTITUTION TO FAMILY

Status of Parent/Guardian Discussions	Total as of 8/31/2008
FBA contractor facilitated move to family home setting per parent or guardian preference	174
<ul style="list-style-type: none"> • Parent/guardian chose support (alternate) family placement • Parent chose return home • Young adult chose to move to own home 	124 49 1
FBA contractor contact with families or guardians of children <i>currently</i> residing in facilities as of 8/31/08	161
<ul style="list-style-type: none"> • Parent/guardian has consented to explore family-based options • Parent/guardian actively exploring possibility of returning home • Parent/guardian actively engaged in finding alternate family • Child in transition from facility to family 	82 14 59 6
TOTAL parent/guardian interest in movement from facility to family home	<u>335</u>

Offering appropriate supports to enable family placements

The legislation required that “*the system must provide for...offering support services, including waiver services, that would enable the child to return to the child’s birth family or be placed in a family-based alternative.*”

The FBA contractor has sought to assure appropriate supports are offered to enable movement of children to family homes by providing training, technical assistance, and consultation to stakeholders across the state including service coordinators, permanency planners, case managers, provider staff, state agency staff, and others who participate in permanency planning, waiver enrollments, and subsequent placement transition planning and activities.

**TABLE 15. TRAINING, TECHNICAL ASSISTANCE, AND CONSULTATION ACTIVITIES
BY FBA CONTRACTOR IN FY 2008**

Activity	Participants
Presentations/training at statewide conferences	CRCG Conference Baylor College of Medicine and Texas Children's Hospital Conference Children with Special Needs Network Conference
Participation in standing advisory councils	Promoting Independence Advisory Council Children's Policy Council
Training activities	Training for all CRCG chairpersons Training regarding Positive Behavior Support (PBS) for 74 provider staff and 23 support (alternate) family members representing 9 provider organizations
Technical assistance	Contacts with all 39 MRAs Contacts with DFPS Disability Specialists Presentation at Disability Specialist meetings
Participation in HHSC working groups	Children's Medicaid workgroup Personal Care Services workgroup
Participation in DADS working groups	Waiver interest list meetings Voluntary facility closure meeting
Participation in joint HHSC, DADS, DFPS working groups	Children in state schools work group Community Living Options process work group

The FBA contractor has worked across state agencies and with their multiple waivers and related service provider organizations. The FBA contractor has become a valued resource having expertise across systems and waivers.

**TABLE 16. RESOURCES USED FOR CHILDREN WHO MOVED TO FAMILIES
WITH FBA CONTRACTOR ASSISTANCE**

Funding Source/State Agency	Return to Birth Family	Place with Alternate Family	Move to Own Home (young adult)	TOTAL as of 8/31/08
CBA/DADS	2			2
CLASS/DADS	16	3	1	20
HCS/DADS	21	95		116
MDCP/DADS	10	1		11
Title IV/DFPS		25		25
TOTAL	49	124	1	174

The FBA contractor worked with children in nursing homes using the newly available waiver services enabled by Rider 41.

**TABLE 17. CHILDREN MOVED TO FAMILIES FROM NURSING HOMES USING RIDER 41 WITH FBA
CONTRACTOR ASSISTANCE FROM 9/1/2007 – 8/31/2008**

Child	Number of Facility Placements	Age at Admission to 1 st Facility	Total Length of Stay in Facilities by Years	Type of Family*
1	3	7	7.0	SF
2	1	15	2.5	SF
3	2	2	7.5	SF
4	1	19	3.0	SF
5	2	19	3.5	SF
6	1	19	3.5	SF
7	2	10	4.5	SF
8	1	9	4.0	SF
9	3	14	7.0	SF
10	1	5	0.5	SF
11	4	4	16.5	Home
12	1	10	11.0	Home
13	2	14	3.0	Home
14	2	13	7.5	Home
15	2	17	2.0	Home

* Support Family (SF)

- The average length of facility stay for the children who moved to families using Rider 41 was 5.5 years.
- Most of the children have experienced multiple moves.

- The majority of children spent their most formative developmental years in facility care, with seven of the 15 children institutionalized at 10 years of age or younger and five others by the age of 17.
- Money Follows the Person, Rider 28, has been available to individuals in nursing facilities since September 2001, however, the waivers offered through MFP did not meet the needs of many of the children. The 15 children reported above were able to leave the facility with Foster/Companion Care, which is only available in the HCS waiver.

Supplemental funding

The legislation allowed that “*the contractor may solicit and accept gifts, grants, and donations to support the system’s functions.*” Since 2002, the FBA contractor has been able to attract significant resources to supplement the development of a system of family-based alternatives.

TABLE 18. GRANTS AWARDED TO FBA CONTRACTOR TO SUPPORT SYSTEM’S FUNCTIONS.

Source of grant	Amount
American Legion Child Welfare Foundation	\$40,000
Brown Foundation	\$5,000
Dell Foundation	\$2,000
King Foundation	\$33,600
Meadows Foundation	\$112,500
RGK Foundation	\$15,000
Texas Cavaliers	\$15,000
Texas Council for Developmental Disabilities	\$748,000
TOTAL	<u>\$971,100</u>

SYSTEM PROGRESS AND CHALLENGES

Substantial Progress

- Just over 1,200 children have moved from facilities to families in the past six years as a result of increased interest, capacity, and expertise.
- There has been a dramatic reduction in the number of children living in large facilities.
- Access to substantially increased numbers of Medicaid waivers, appropriated through legislative action to reduce waiting lists and through riders targeting best fitting waivers for institutionalized children, has enabled families and guardians to choose family-based care instead of institutional care.

- Since S.B. 368 was enacted, improvements in permanency planning have included development of a uniform tool, changes in responsibility for permanency planning, and availability of training and technical assistance from the FBA contractor.
- Interest and capacity of the provider community in offering family-based alternatives has been increasing.
- Availability of resources dedicated to the development of family-based alternatives has significantly contributed to progress and the positive contribution of the FBA contractor has been widely acknowledged.

Challenges to Continued Progress in Developing Family-Based Alternatives

- Despite significant movement of children to families, the total census of children and young adults remaining in institutions has remained relatively steady for the past six years, albeit in smaller institutions. Overall, the number of children and young adults entering facilities has been roughly equivalent to the number of children and young adults who are leaving. While there has been a dramatic reduction in the number of children living in large facilities, an exception to this trend is seen in increased admissions of children to state schools and institutions licensed by DFPS.
- Children and young adults with behavioral health issues represent the largest proportion of new facility admissions, are least likely to exit following admission, and are more likely to experience multiple movements after facility discharge. Supports and services are often not adequate or readily available to enable longevity of placement with a family.
- In a variety of situations, children and young adults are hindered from moving to a family home because no decision-maker is available who can exercise an informed decision and authorize a move from the institution. Parents and guardians of some children and young adults are unavailable or unwilling to participate in permanency planning or learn about an offered waiver. In some cases, their whereabouts are known, but they decline to participate. In other cases, their whereabouts are periodically unknown, but not for the one-year period identified in legislation as constituting abandonment. In yet other cases, families who have not been active in their child's life, or guardians who have been newly appointed, may not be knowledgeable about the child's needs or preferences. Young adults who live in DADS facilities and are unable to give informed consent and do not have guardians, have access to a surrogate decision-making process, but placement decisions are excluded from surrogate authority.
- Children and young adults living in large facilities operated by DFPS are not included in the Promoting Independence plan that seeks to assure community-based alternatives.
- While the quality of permanency planning has been increasing, the quality of transition planning to activate a desired permanency goal is of variable quality. Responsibility for transition planning is fragmented across multiple parties with limited or partial knowledge. The lack of a single responsible party inhibits adequate planning and coordination.

OPPORTUNITIES FOR FURTHER PROGRESS

- Explore ways to divert new admissions of children and young adults from institutional settings.
- Develop more intensive and creative ways to support children with behavioral support needs in family homes. Needed supports include funding for Positive Behavior Support (PBS) specialists, in-home behavior support aides, and statewide training and technical assistance in PBS. Other state's use of Medicaid funds for PBS should be explored.
- Develop a mechanism for surrogate decision-making that assures no children or young adults are denied access to family-based alternatives for lack of participation of an informed and authorized decision-maker.
- Conduct a thorough analysis to determine the gap between permanency planning and transition planning to achieve permanency outcomes. Identify and plan for needed improvements including identification of responsibility for transition planning.
- Include DFPS facilities licensed for children with disabilities in the Promoting Independence plan.