
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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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 August 31, 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.

Texas Department of Aging and Disability Services

Since March 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.
- The Department made ongoing reports available to local Mental Retardation Authorities (MRAs) for monitoring status of permanency planning efforts and assisting with local planning.
- The Department provided technical assistance to MRA staff to assist in compliance with permanency planning requirements.
- DADS conducted permanency planning training in Lubbock, San Antonio, Austin, Midland, Houston, Kilgore, Corpus Christi, and Fort Worth, primarily for MRA staff.

80th Legislature, Regular Session

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 (ICF/MRs) and 120 children aging out of foster care."¹
- **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

¹ Actual appropriations of \$16.6 million. All Funds (\$6.6M GR) over the amount appropriated for interest list reduction will fund 180 individuals relocating from Large ICF/MRs and 120 children aging out of foster care.

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 ICF/MRs 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 ICF/MRs 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 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 alternative (FBA) 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.
- Competitively re-procured the FBA contract, which was awarded to EveryChild, Inc.

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.

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.

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
131	276	62	70	301	558	88	122	1,608

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

	<u>DFPS Children Under Age 22</u>
DADS Facilities	
Small ICF/MR facility	23
Medium ICF/MR facility	4
Large ICF/MR facility	11
State MR Facilities	28
Nursing Facilities	2
HCS	34
	102
DFPS General Residential Operations (GRO)	
Facility Providing Long-Term Residential Services	
Independent foster group home	1
DFPS Licensed Institution for MR ³	69
Basic Care Facility	18
	88
Other DFPS Licensed Facilities⁴	
Residential Treatment Center (RTC)	91
Other Group Settings	31
	122
Total Children in DFPS Licensed Facilities	210
Total DFPS Children in all Facilities	312

² Data reflects the number of children residing in an institution as of August 31, 2007. Table 1 includes 102 DFPS children in DADS facilities (nursing facilities, ICF/MRs, and state schools).

³ Of the 6,279 CPS children in institutional settings on August 31, 2007, 434 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, and children placed in independent foster group home settings, if they have a diagnosed developmental disability. As of August 31, 2007, CPS had 48 children at Mission Roads, 14 at Casa Esperanza, and 1 child with a developmental disability in independent foster group home settings. In addition, as of August 31, 2007, 6 children were identified in a newly licensed facility called Shared Vision, for a total of 69. As these six children at Shared Vision were only very recently identified they had not yet been included in the specialized permanency planning efforts in Table 3 below.

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.

TABLE 3: NUMBER OF CHILDREN RECOMMENDED FOR TRANSITION TO THE COMMUNITY⁵

Recommendations Per Agency	Number of Children
DADS with Family/LAR Support to Move to Family Home	303
DADS with Family/LAR Support to Move to Alternate Family	199
DFPS	63
Total	565

Circumstances of Each Child Residing in an Institution

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

NURSING FACILITIES	SMALL ICFs/MR	MEDIUM ICFs/MR	LARGE ICFs/MR	STATE MR FACILITIES	HCS	TOTAL
113	268	62	68	299	544	1,354

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.

⁵ A decrease in the number reported by DADS is as a result of a change in the methodology for determining and reporting family support for children transitioning into the community.

TABLE 5: PERMANENCY PLANS COMPLETED BY DFPS

Total Plans Completed	Total Plans Required
63	63

As of August 31, 2007, DFPS had responsibility for preparing PPI reports on 63 children. For the reporting period, DFPS sent permanency information on 35 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.

These data reflect movement of children from institutions to the community during a six-month period ending August 31, 2007. (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, 2007:

- 159 children moved to less restrictive environments (other than family-based settings);
- 132 children moved to family-based settings; and
- 291 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, 2007, through August 31, 2007, 212 individuals moved to a less restrictive setting:

- One hundred thirty-six individuals moved to HCS supervised living or residential support or a smaller ICF/MR.
- Twenty-eight individuals returned home.
- Forty-eight individuals moved to an alternate family.

Texas Department of Family and Protective Services

During the period of March 1, 2007, to August 31, 2007, there were 79 children that transitioned to a less restrictive setting in the community:

- Fifteen children moved to less restrictive institutional settings (HCS homes, small ICF/MRs, or foster group homes) from another institutional placement.
- Fifty-six children transitioned to family settings.
- Eight 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

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	696	51%
Personal Attendant	661	49%
Behavioral Intervention	605	45%
Night Person	537	40%
Transportation	485	36%
Respite In-Home	462	34%
Respite Out of Home	456	34%
Mental Health Services	441	33%
Training	417	31%
Crisis Intervention	292	22%
Specialized Therapies	275	20%
Specialized Equipment	248	18%
Specialized Transportation	235	17%
Child Care	203	15%
Durable Medical Equipment	188	14%
Support Family	187	14%
Family/LAR Support	171	13%
Architectural Modification	160	12%
In-Home Health	143	11%
Volunteer Advocate	64	5%

Texas Department of Aging and Disability Services

From March 1, 2007, through August 31, 2007, a total of 76 individuals moved from a DADS institution to the birth family (28 individuals) or an alternate family (48 individuals). The following table 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	10	17
Personal Attendant	10	15
Transportation	7	15
Night Person	6	15
On-going Medical Services	10	14
Mental Health Services	9	14
Training	6	12
Respite Out of Home	8	11
Respite In-Home	6	11
Crisis Intervention	4	9
Specialized Therapies	3	9
Specialized Equipment	2	9
Support Family	1	9
Child Care	6	8
Architectural Modification	0	6
Durable Medical Equipment	0	6
Specialized Transportation	1	5
In-Home Health	1	3
Family/LAR Support	2	2
Volunteer Advocate	1	1

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.
- 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 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.
- 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 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 AND CONCLUSION

Key Points

The total number of children with developmental disabilities residing in institutions has remained relatively unchanged in the past five years:

TABLE 8: NUMBER OF CHILDREN RESIDING IN INSTITUTIONS 2003-2007

Reporting Period	Total Number of Children Residing in Institutions
Fiscal year end 2007	1,608
Fiscal year end 2006	1,619
Fiscal year end 2005	1,606
Fiscal year end 2004	1,590
Fiscal year end 2003	1,617

While the total number of children in institutions, as defined by S.B. 368, which includes HCS supervised living and residential support, has remained around 1,600,⁶ there has been a significant shift in the distribution patterns, as 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 slightly in fiscal year 2007 from 1,427 to 1,398. Since August 31, 2002, the data shows an overall increase in the number of individuals moving to smaller settings, with three exceptions, state MR facilities, medium community ICF/MRs, and DFPS licensed facilities, where in each the number of individuals has increased as compared to five years ago. However, the total number of children living in all DADS non-HCS facilities, which include community ICF/MRs, nursing facilities, and state mental retardation facilities, has declined by more than 30 percent in the past five years, while the number of children in all DFPS and DADS facilities combined has declined by 23 percent in that same timeframe.

⁶ During this time period, the number of children in Texas increased by approximately 4.8 percent.

**TABLE 9: TRENDS IN NUMBER OF CHILDREN RESIDING IN INSTITUTIONS
BY FACILITY TYPE 2003-2007**

Institutional Type	Number as of 8/31/02*	Number as of 8/31/06	Number as of 8/31/07	Percent Change in Past Five Years*	Percent Change in Past Year
HCS	312	538	558	79%	4%
Small ICFs/MR	418	277	276	(34%)	0%
Medium ICFs/MR	39	66	62	59%	(6%)
Large ICFs/MR	264	108	70	(73%)	(35%)
State MR Facilities	241	270	301	25%	11%
Nursing Facilities	234	168	131	(44%)	(22%)
DFPS Facilities	167	192	210	26%	9%
Total DADS Facilities	1,508	1,427	1,398	(7%)	(2%)
Total DADS Facilities Without HCS	1,196	889	840	(30%)	(6%)
Total DADS and DFPS	1,675	1,619	1,608	(4%)	(1%)
Total DADS and DFPS Without HCS	1,363	1,081	1,050	(23%)	(3%)

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

During the six-month reporting period ending August 31, 2007:

- One hundred thirty-two children were moved from institutions (not including RTCs) to family-based settings, of which:
 - 28 returned to their birth home; and
 - 104 moved to other family-based alternatives.
- One hundred fifty-nine children left an institution (not including RTCs) for a less restrictive setting under an arrangement other than a family or family-based alternative.

Annually, the number of children moving back to birth families or to family-based alternatives has risen steadily for the past 5 years, totaling just over 1,000 children.

TABLE 10: NUMBER OF CHILDREN MOVING INTO FAMILIES 2003-2007

Fiscal Year	Total Moved to Family per Fiscal Year
FY 2007	257
FY 2006	235
FY 2005	223
FY 2004	174
FY 2003	114
Total	1,003

The number of children (221) moving to less restrictive environments other than family or family-based alternatives is up substantially from the previous fiscal year, and greater than the previous high of 199 moved in fiscal year 2005:

TABLE 11: NUMBER OF CHILDREN MOVING TO LESS RESTRICTIVE ENVIRONMENTS 2003-2007

Fiscal Year	Total Moved to Less Restrictive per Fiscal Year
FY 2007	221
FY 2006	115
FY 2005	199
FY 2004	107
FY 2003	59
Total	701

Implementing this legislation requires ongoing collaboration among 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.

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 the Texas Health and Human Services Commission 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, the Commission contracted with EveryChild, Inc. (hereafter identified as the FBA contractor), and renewed the contract for the four subsequent years. In 2007, the contract was again put out for competitive bid and EveryChild, Inc., was awarded the contract to continue to develop a system of family-based alternatives.

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 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.
- Thoroughly prepare families to care for children and develop transition plans to assure the necessary preparation time and availability of supports to ensure longevity of placement.
- 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.

I. 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 benefited by moving to a family with assistance provided by the FBA contractor has been increasing each year the project has been in operation.

TABLE 12: 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	Total
Returned to Birth Families	2	1	4	9	20	37
Placed with Support (Alternate) Families	8	10	20	21	33	92
Moved to Own Home (Young Adult)					1	1
Total	10	11	24	31	54	130

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 or facilities with the largest number of children. Over the five years of the FBA contract, dramatic changes have occurred in the number of children living in these facilities. The FBA contractor efforts have contributed significantly to increased awareness and increased capacity to offer family-based alternatives which is reflected in reduction of children’s placements in large facilities. The FBA contractor prioritized children living in ten facilities in the state serving large numbers of children with developmental disabilities. Of the 130 children placed with FBA contractor assistance since 2002, 78 percent were placed from these ten facilities.

II. Activities Contributing to Development and Implementation of a System of Family-Based Alternatives

A. 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 assessing and training alternative families who provide services for their organization.

TABLE 13: FBA CONTRACTOR IDENTIFICATION OF PROVIDER INTEREST IN BUILDING CAPACITY TO OFFER FAMILY-BASED ALTERNATIVES

Status of Providers Identified as of August 31, 2006	8/03	8/04	08/05	08/06
Number of Providers Identified for Potential Development of Capacity to Offer FBA	3	10	29	59

Status of Provider Interest as of August 31, 2007	Number of Providers/Children
Providers Identified for Potential Development of Capacity to Offer FBA	109
Providers Actively Engaged in Developing Capacity to Offer FBA	57
Children Placed with Families by Providers Actively Engaged with FBA Contractor	117

Statewide Data (Includes Contractor Data)

Indications from providers, agency personnel, and statewide data suggest that the family-based alternatives project is having a significant impact on state agency and provider knowledge, willingness, and capacity to offer family-based alternatives. Data indicate the use of family-based alternatives has been increasing since 2002, with just over 1,000 children returning to birth families or alternative families. (See Table 10.)

Since 2002, there has been a substantial shift in the pattern of institutional residence of children, as children move from large facilities to family and community-based settings. (See Table 9.) Since 2002, the number of children living in large ICF/MRs has declined by 73 percent, while the number residing in nursing facilities is down 44 percent. During the same period, the number of children in small HCS group homes has increased 79 percent, while a total of 701 children moved to less restrictive environments. (See Table 11.)

B. 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.*”

The FBA contractor has identified children in large facilities and facilities with large numbers of children and children whose permanency plans suggest families’ preferences for family-based alternatives. Since 2002, the FBA contractor has identified almost 800 children. The FBA contractor has gathered comprehensive information on prioritized children from: (1) personal observations of children at the facility; (2) review of permanency plans; (3) review of assessments and other records at the facility; (4) interviews with the facility staff; and (5) conversations with the children’s’ family or guardians.

TABLE 14: CHILDREN IDENTIFIED AND COMPREHENSIVE INFORMATION GATHERED BY FBA CONTRACTOR AS OF 8/31/2007

Children	Identified	Identified and Comprehensive Information	Total as of August 31, 2007
Moved to Families with Contractor Assistance	N/A	130	130
Currently Residing in Facilities	149	284	433
Aged Out, Died, or Moved Out of State	143	52	195
Total Since 2002	326	466	758

C. 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 families and guardians to explain options. For a number of families, this contact has resulted in interest in learning more or exploring the possibility of their child or ward moving to a family situation. Not all families have yet been contacted for all children who have been identified or for whom information has been gathered.

TABLE 15: DISCUSSIONS WITH PARENTS OR GUARDIANS BY FBA CONTRACTOR

Status of Parent/Guardian Discussions	Total as of August 31, 2007
FBA Contractor Facilitated Moved to Family Setting per Parent or Guardian Preference to Date	130
Ongoing FBA Contractor Contact with Families of Children Currently Residing in Facilities (Out 433 Identified – see Table 14)	
• Actively Exploring Possibility of Returning Home	7
• Actively Engaged in Finding Alternate Family	54
• Engaged in Discussions of Family-Based Options	146
Total Ongoing Contact with Families	207
Total	337

D. Providing 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 expand capacity to offer family-based alternatives that include appropriate supports to enable placement of children in family homes by providing training, technical assistance, and consultation to stakeholders across the state including service coordinators, permanency planners, case managers, provider staff, and others who participate in permanency planning, waiver enrollments, and subsequent placement transition planning and activities.

**TABLE 16: TRAINING, TECHNICAL ASSISTANCE, AND CONSULTATION
BY FBA CONTRACTOR IN FISCAL YEAR 2007**

Activity	Participants
<ul style="list-style-type: none"> • Co-presented permanency planning training with DADS 	<ul style="list-style-type: none"> • 439 individuals in eight sites in 2007
<ul style="list-style-type: none"> • Presentations/training at statewide conferences 	<ul style="list-style-type: none"> • Parent-to-parent conference • Council of MHMR Centers Training Conference • Texas State Independent Living Council • Texas Association of Child and Family Services Conference • Individuals with Developmental Disabilities Waiver Conference
<ul style="list-style-type: none"> • Participant in standing advisory councils 	<ul style="list-style-type: none"> • Promoting Independence Advisory Council • Children’s Policy Council
<ul style="list-style-type: none"> • Technical assistance to MRAs 	<ul style="list-style-type: none"> • Contacts with all 39 MRAs
<ul style="list-style-type: none"> • Technical assistance to DFPS disability specialists 	<ul style="list-style-type: none"> • Contacts with DFPS disability specialists • Quarterly disability specialist meetings
<ul style="list-style-type: none"> • Participation in HHSC working groups 	<ul style="list-style-type: none"> • Waiver optimization meetings • Personal care meetings
<ul style="list-style-type: none"> • Participation in DADS working groups 	<ul style="list-style-type: none"> • Money follows the person meetings • Waiver interest list meetings • Rider implementation meetings

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 17: FUNDING SOURCES USED FOR CHILDREN WHO MOVED TO FAMILIES
WITH FBA CONTRACTOR ASSISTANCE**

Funding Source/Stage Agency	Return to Birth Family	Place with Alternate Family	Move to Own Home (Young Adult)	Total as of August 31, 2007
CBA/DADS	2			2
CLASS/DADS	11	3	1	15
HCS/DADS	15	65		80
MDCP/DADS	9	1		10
Title IV/DFPS		23		23
Totals	37	92	1	130

**TABLE 18: 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 August 31, 2007
ICF (Large)	51
Nursing Home	42
DFPS Institution for Individuals with Mental Retardation	21
ICF Group Home (Medium or Small)	8
HCS Group Home	4
State School	1
State Hospital	2
Diverted from Institutional Admission	1
Total	130

The FBA contractor has developed multiple types of materials and tools that have been widely disseminated for use by stakeholders.

**TABLE 19: TOOLS AND MATERIALS DEVELOPED BY FBA CONTRACTOR
AVAILABLE FOR USE BY STAKEHOLDERS**

Tool	Description	Dissemination
<i>A Family for Every Child: Family-Based Alternatives for Children with Disabilities</i> and companion video	100-page book covering best practice model used to develop and sustain family-based alternatives. Companion video provides testimonials from birth families and alternate families.	Available on request from FBA contractor. Distributed to stakeholders.
<i>Suggestions for Engaging Families</i>	Guidelines and suggestions for staff responsible for engaging families and guardians in discussions about family-based alternatives.	Available on DADS website. Used in permanency planning for 1,300 individuals.
<i>A Guide to Choosing a Support Family: Family-Based Alternatives for Children with Disabilities</i>	Workbook to help parents in selecting a support (alternate) family to care for their child.	Used in permanency planning for 1,300 individuals. Distributed to stakeholders.
Shared Parenting Agreement	Suggested format for birth parents and alternate families outlining responsibilities and expectations.	Used in permanency planning for 1,300 individuals. Distributed to stakeholders.
Videos	Series of 10-15 minute videos of birth families, support (alternate) families, and providers describing their experience with family-based alternatives.	Used in permanency planning for 1,300 individuals. Distributed to stakeholders.
Technical Assistance Tools	Suggestions for individuals responsible for permanency planning on how to provide information about options and how to talk about returning home or support (alternate) families.	Available on DADS website. Used in permanency planning for 1,300 individuals.
<ul style="list-style-type: none"> • Permanency planning instrument <ul style="list-style-type: none"> •• Stages in the permanency planning process •• Talking about goals •• Talking about returning home •• Talking about alternate families •• Working with young adults around considering family-based alternatives 		

III. Expanding Support for System Functions

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 20: GRANTS AWARDED TO FBA CONTRACTOR TO SUPPORT SYSTEM FUNCTIONS

Source of Grant	Amount
American Legion Child Welfare Foundation	\$40,000
Brown Foundation	\$5,000
Dell Foundation	\$2,000
Meadows Foundation	\$112,500
Texas Cavaliers	\$10,000
Texas Council for Developmental Disabilities	\$490,000
Total	\$659,500

SYSTEM PROGRESS AND CHALLENGES

Substantial Progress

- One thousand three children have moved from facilities to families in the past five years as a result of increased interest, capacity, and expertise.
- 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, each year has brought improvements in permanency planning, including development of a uniform tool, changes in responsibility for permanency planning, and increased availability of training and technical assistance from the FBA contractor. Families and guardians who declined movement of children and young adults in previous years are now choosing family alternatives.
- Interest and capacity of the provider community in offering family-based alternatives has been increasing.
- The 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 five 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 the opening of a new institution licensed by DFPS.
- 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 for extended periods of time, but not for the one-year period identified in legislation as constituting abandonment. Young adults living in DADS' facilities, who are unable to give informed consent, and who do not have guardians, have access to a surrogate decision making process. However, placement decisions are excluded from surrogate authority. While these children and young adults may benefit from a family environment, they may also be hindered from that opportunity because no decision-maker is available who can exercise an informed decision and authorize a move from the institution.
- 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.
- While the quality of permanency planning has been increasing, the quality of transition activities is of variable quality. Permanency planning responsibility is not directly tied to access to resources, especially access to waivers. Without access to resources, permanency planning is also not directly tied to transition planning to coordinate movement to a family home once resources become available.
- Tracking the census of children in facilities has been challenging, in part because of multiple data systems across state agencies or within agencies that merged with the consolidation created by H. B. 2292.

OPPORTUNITIES FOR FURTHER PROGRESS

- Explore ways to divert new admissions of children and young adults from institutional settings.
- Explore ways to further address absent decision-makers to help improve options for children or young adults to access family-based alternatives.
- Conduct an independent analysis of the permanency planning process based on five years of experience to determine the relationship of permanency planning to permanency outcomes, the usefulness of data collected in monitoring permanency planning, and any trends that suggest improvements in the permanency planning process or the system generally.
- Explore how to link permanency planning to access to waivers and transition planning, activities, and services.

- Identify more intensive and creative ways to support children with behavioral health needs in family homes.
- Improve data systems by merging information from separate systems and providing additional ways to analyze data.