
Permanency Planning and Family-Based Alternatives Report

In Response to S.B. 368, 77th Legislature, Regular Session, 2001



Submitted to the Governor and the Texas Legislature
July 2012

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PERMANENCY PLANNING

INTRODUCTION AND PURPOSE

With the passage of S.B. 368, 77th Legislature, Regular Session, 2001, the Texas Health and Human Services Commission (HHSC) was charged with monitoring child (defined in the legislation as a person with a developmental disability under the age of 22) placements and ensuring ongoing permanency plans for each child with a developmental disability residing in an institution in the state of Texas. The initial report of these efforts was filed in December 2002. This report is a follow-up with data ending February 29, 2012.

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 the number of those children who have a recommendation for 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 alternative families.
- 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 worked diligently to refine and improve permanency planning activities. This required continuing collaboration across divisions in each agency, as well as collaborative efforts across agencies to facilitate system changes for long-term results.

Texas Department of Aging and Disability Services

Since September 1, 2011, the following activities were initiated or completed:

- DADS monitored the timely completion of permanency plans by means of status reports on a weekly and monthly basis.
- DADS made on-going reports available to local authorities (LAs) for monitoring the status of permanency planning efforts and assisting with local planning.
- DADS provided technical assistance to LA staff to assist with compliance of permanency planning requirements.
- DADS continued to chair the Long-Term Community Services and Supports Subcommittee and co-chair the Mental Health Subcommittee of the Task Force for Children with Special Needs. See HHSC section below for additional information on this and other related advisory committees on which DADS participates.
- DADS provided Positive Behavior Management Training in Austin for staff working for state supported living centers. Dr. Richard Smith, University of North Texas, and instructors from the Behavior Analysis Resource Center, helped participants who work with individuals with an intellectual disability who engage in challenging behaviors learn techniques to support positive behavior.
- DADS continued to support the collaboration between EveryChild, Inc., and the agency for the purpose of facilitating the transition of children out of institutional settings to family-based alternatives, including individuals being served in nursing facilities and state-supported living centers (SSLCs). Services provided by EveryChild, Inc., include the location and training of support families, and assistance with the transition to a less restrictive setting.
- DADS agreed to create a new target group in the Home and Community-based Services (HCS) waiver for children in DFPS conservatorship who are residing in certain General Residential Operations (GROs). DADS will set aside ten slots as reserve capacity for this new target group (five slots for fiscal year 12 and five for fiscal year 13).

82nd Legislature, Regular Session, 2011

DADS' 2012-2013 Legislative Appropriations Request (LAR) included several riders and additional funding pertaining to children:

- **Rider 31 - Promoting Community Services for Children**

As per the 2012-2013 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 intermediate care facilities for persons with MR (ICFs/MR) to transition to families during the 2012-2013 biennium. To facilitate such transitions when requested by parent/guardian, funding for 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.*”

DADS requested funding for the following exceptional items in the LAR for fiscal years 2012-2013.

- **Exceptional Item Request - Promoting Independence**

This item would fund 500 slots at large intermediate care facilities for individuals with an intellectual disability or related conditions (ICF/IID) and SSLCs, 240 crisis slots for persons at imminent risk of entering an ICF/IID, and 100 slots for individuals at imminent risk of entering a nursing facility. This item also seeks to prevent institutionalization, specifically for those on the interest list with imminent risk associated with their disability. It seeks to provide less restrictive environments through waiver services for these individuals in response to caregivers aging out, in poor health, or passing away. Because residential options are limited for children with developmental disabilities whose conservatorship ends with DFPS, this item seeks funding for 192 slots for DFPS children aging out of foster care to provide the necessary resources for their continued care.

Texas Department of Family and Protective Services

- Child Protective Services (CPS) regularly discussed cases with developmental disability specialists, caseworkers, placement team staff, and external advocates, (such as EveryChild Inc. and Disability Rights Texas) to review cases and find appropriate placements for children with intellectual and developmental disabilities whose special needs make finding placements challenging.
- On September 1, 2011, through a realignment of CPS positions across the state, several developmental disability specialist positions were relocated. The realignment changed the headquartered location of several of the 12 positions, but did not change the number of positions. The positions were relocated to increase the number of developmental disability specialist positions located in close proximity to children and youth with intellectual and developmental disabilities placed in identified institutions. The realignment permits the developmental disability specialists to focus on the needs of all children and youth with intellectual and developmental disabilities across the state including consultation and technical assistance to all stages of service: investigations, family-based safety services, and conservatorship cases.
- Regions 7 and 8 each had three developmental disability specialists all carrying caseloads as secondary workers for children placed in targeted institutional settings and also serving as the

subject matter experts in the region. The other developmental disability specialists serve as subject matter experts across the state and assist with the transition planning and location of least restrictive placements as children move out of the identified institutions.

- DFPS and DADS staff worked together to implement the 2010-11 General Appropriations Act, S.B. 1, 81st Legislature, Regular Session, 2009 (Article II, Department of Family and Protective Services, Rider 48) to make 192 Home and Community-based Services (HCS) waiver slots available to CPS youth transitioning out of DFPS care.
- DFPS developmental disability specialists continued to complete the permanency planning instrument used throughout the agencies.
- DFPS continued to chair the Transition Subcommittee of the Task Force for Children with Special Needs. See HHSC section below for additional information on these and other related advisory committees on which DFPS participates.

Texas Health and Human Services Commission

- HHSC maintained a system to review and report data from agencies.
- HHSC continued to provide oversight of the family-based alternatives 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.
- HHSC, DADS, and DFPS continued as agency members on the Task Force for Children with Special Needs. The task force is charged with creating a strategic plan to improve the coordination, quality and efficiency of services for children with a chronic illness, intellectual or other developmental disability, or serious mental illness. HHSC continued to chair and provide staff support to the task force. The task force has developed a five-year plan that was submitted and posted on the agency website: (http://www.hhsc.state.tx.us/about_hhsc/AdvisoryCommittees/docs/CSN-5-year-plan.pdf) in October 2011. The task force is focusing its initial implementation on two priority areas: to better inform and empower families; and to improve crisis prevention and intervention efforts.
- HHSC, DADS, and DFPS continued as agency members on the Council on Children and Families. The council coordinates state health, education, and human services for children of all ages and their families; improves coordination and efficiency in state agencies and advisory councils on issues affecting children; prioritizes and mobilizes resources for children; and facilitates an integrated approach to providing services for children and youth. HHSC continued to provide staff support to the council.

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 institution as an ICF/IID, 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 an intellectual disability (ID) 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/IID (small, medium, and large), state supported living centers (SSLCs), and HCS waiver settings (supervised living or residential support only). Some school-aged individuals in residence at SSLCs are admitted under a civil court commitment and some may be admitted under a criminal court commitment.

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

TABLE 1: NUMBER OF CHILDREN RESIDING IN INSTITUTIONS¹

Nursing Facilities	Small ICF/IID	Medium ICF/IID	Large ICF/IID	State Supported Living Centers²	HCS	DFPS GRO Facility	DFPS Other Licensed Facility	Total
76	278	65	27	253	625	81	77	1,482

¹ Data reflect the number of children residing in an institution as of February 29, 2012. Table 1 includes 68 DFPS children in DADS facilities (nursing facilities, ICF/IID and SSLCs).

² Of the 252 school-aged individuals in residence as of February 29, 2012, 107 were admitted under a criminal court commitment.

TABLE 2: TOTAL IN DADS FACILITIES BY AGE

Type of Facility	Number of Individuals	Percentage of Overall Placements	Number of Young Adults over 18 years	Number of Minor Children
HCS Group	625	47%	431 (69%)	194(31%)
Small ICF/IID	278	21%	214 (77%)	64 (23)
Medium ICF/IID	65	5%	61 (94%)	4 (6%)
Large ICF/IID	27	1%	27 (100%)	0 (0%)
Nursing Facilities	76	6%	33 (43%)	43 (57%)
SSLC	253	19%	134 (53%)	119 (47%)

TABLE 3: NUMBER OF DFPS CHILDREN WITH DEVELOPMENTAL DISABILITIES BY FACILITY TYPE

	DFPS Children Under Age 22
DADS Facilities	
Small ICF/IID	11
Medium ICF/IID	0
Large ICF/IID	3
State Supported Living Centers	10
Nursing Facilities	0
HCS	48
	72
DFPS General Residential Operations (GRO) Facility Providing Long-Term Residential Services	
Independent Foster Group Home	0
DFPS Licensed Institution for ID	65
Basic Care Facility	16
	81

Other DFPS Licensed Facilities³	
Residential Treatment Center (RTC)	68
Other Group Settings	9
	77
Total Children in DFPS Licensed Facilities	158
Total DFPS Children in all Facilities	230

By agreement with HHSC, for purposes of this report, DFPS will target permanency planning reporting efforts of foster youth with developmental disabilities placed in DFPS Licensed Institutions for Intellectual Disabilities. As noted in Table 3, subcategory: DFPS General Residential Operations (GRO): DFPS licensed institution for intellectual and developmental disabilities, there are 65 foster children. As of February 29, 2012, the breakdown of foster children with disabilities residing in Licensed Institutions for Intellectual and Developmental Disabilities are as follows:

- Mission Roads Development Center - 43 children
- Casa Esperanza - 11 children
- Shared Vision - 11 children

TABLE 4: NUMBER OF CHILDREN RECOMMENDED FOR TRANSITION TO THE COMMUNITY

Recommendations Per Agency	Number of Children
DADS with Family/Legally Authorized Representative (LAR) Support to Move to Family Home	334
DADS with Family/LAR Support to Move to Alternate Family	181
DFPS	65
Total	580

Circumstances of Each Child Residing in an Institution

Attachment A (Demographics by County – Child) and Attachment B (Demographics by County – Parent/Guardian) contain information on 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 children residing in institutions as of February 29, 2012. 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

³ 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.

S.B. 368 requires that every child residing in an institution have a permanency plan developed and updated semi-annually. The information below is categorized by each state agency to describe the number 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 5: PERMANENCY PLANS COMPLETED BY DADS

Nursing Facilities	Small ICF/IID	Medium ICF/IID	Large ICF/IID	SSLC	HCS	Total
69	273	61	24	249	618	1,294

Permanency Planning at the Texas Department of Family and Protective Services

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 temporary or permanent placement with a support family. DFPS continues to conduct permanency planning by 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 (Permanency Hearings for cases in temporary legal status and 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 to assist with permanency planning activities and comply with reporting requirements.

TABLE 6: PERMANENCY PLANS COMPLETED BY DFPS

Total Plans Completed	Total Plans Required
30	32

For the reporting period, DFPS had responsibility for preparing Permanency Planning Instrument reports on 32 of the 65 children in institutions. As of February 29, 2012, DFPS sent permanency information on 30 plans to HHSC for DFPS youth. DFPS service plans that included permanency plans were completed on all of these children. Court reviews for these children, which contained information regarding permanency issues, were current for these children/youth.

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

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 that the number of children moving from institutions into the

community, either to their own family home or to a support family, continues 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 February 29, 2012. (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 continues, the number of children in need exceeds the current availability of support families. Across agencies, for the six-month reporting period described above ending February 29, 2012:

- 153 children moved to less restrictive environments (other than family-based settings).
- 128 children moved to family-based settings.
- 281 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 September 1, 2011, through February 29, 2012, 143 individuals moved to a less restrictive setting:

- 88 individuals moved to HCS supervised living or residential support or a smaller ICF/IID.
- 16 individuals returned home.
- 39 individuals moved to an alternate family.

Texas Department of Family and Protective Services

During the period of September 1, 2011, to February 29, 2012, there were 76 children that transitioned to a less restrictive setting in the community:

- 36 children moved to less restrictive institutional settings (HCS group homes, small ICFs/MR or foster group homes) from another institutional placement.
- 40 children transitioned to family settings (HCS family homes, foster family homes, relative homes, or independent living).

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 7 provides a list of support services and the number and percentage of individuals who needed each support service in order to achieve their permanency planning goal.

TABLE 7: 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	582	45%
Behavioral Intervention	544	42%
Personal Attendant	491	37%
Transportation	519	40%
Night Person	457	35%
Mental Health Services	403	31%
Respite In-Home	332	25%
Respite Out-of-Home	318	25%
Training	371	28%
Crisis Intervention	285	22%
Specialized Therapies	242	18%
Child Care	198	15%
Specialized Equipment	200	15%
Family/LAR Support	170	13%
Support Family	133	10%
Specialized Transportation	143	11%
Durable Medical Equipment	113	8%

Support Service	Total Needing Support Service	Percent Needing Support Service
Architectural Modification	93	7%
In-Home Health	75	5%
Volunteer Advocate	46	3%

Texas Department of Aging and Disability Services

From September 1, 2011, through February 29, 2012, a total of 88 individuals moved from a DADS institution, 316 individuals moved to the birth family, and 39 individuals moved to an alternate family. Table 8 illustrates the service needs that were identified for those individuals.

TABLE 8: 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
Ongoing Medical Services	3	16
Behavioral Intervention	4	14
Personal Attendant	2	14
Transportation	5	10
Respite In-Home	3	8
Mental Health Services	5	11
Respite Out-of-Home	3	9
Night Person	4	14
Crisis Intervention	3	11
Specialized Therapies	1	7
Training	3	8
Specialized Equipment	3	5
Durable Medical Equipment	1	5
Family/LAR Support	1	1
Support Family	0	3
Architectural Modification	0	4
Child Care	3	7
Specialized Transportation	1	6

Service Type	Number Who Needed These Services to Reunite with Family	Number Who Needed These Services to Live with an Alternate Family
In-Home Health	0	3
Volunteer Advocate	1	0

Texas Department of Family and Protective Services

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

- Completion of DFPS 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) to ensure children are on interest lists and local service areas are processing requests.
- EveryChild, Inc., HHSC’s family-based alternatives contractor, exploring 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 who assist caseworkers (such as Developmental Disability Specialists).
- 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.
- 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 but a financial barrier remains. Funding is needed for these 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 were removed from families due to issues of abuse and/or neglect. In some cases, the parents are still working with DFPS to resolve these issues so that the children can be safely returned to them. In other cases, DFPS is 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. Additionally, available foster families that are skilled, trained, and willing to work with children with disabilities, such as foster families that can effectively communicate with children who are deaf are needed. 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 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 has declined 12 percent in the past 9 years.

When HSC settings are excluded, the data reveals a decline of 42 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, except HCS, decreased two percent in the past year. Excluding HCS, the total number of children in DADS and DFPS facilities combined decreased four percent over the past year, while showing an overall decline of 37 percent since 2002.

**TABLE 9: TRENDS IN NUMBER OF CHILDREN RESIDING IN INSTITUTIONS
BY FACILITY TYPE 2002-2012**

Institutional Type	Baseline Number as of 8/31/02*	Number as of 2/28/11	Number as of 2/29/12	Percent Change since August 2002*	Percent Change in Past Year
HCS	312	653	625	100%	-4%
Small ICFs/IDD	418	254	278	-33%	9%
Medium ICFs/IDD	39	59	65	67%	10%
Large ICFs/IDD	264	16	27	-90%	69%
State Supported Living	241	264	253	5%	-4%
Nursing Facilities	234	91	76	-68%	-16%
DFPS Facilities	167	207	158	-5%	-24%
Total DADS Facilities	1,508	1,337	1,324	-12%	-1%
Total DADS Facilities Without HCS	1,196	684	699	-42%	2%
Total DADS and DFPS	1,675	1,544	1,482	-12%	-4%
Total DADS and DFPS Without HCS	1,363	891	857	-37%	-4%

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

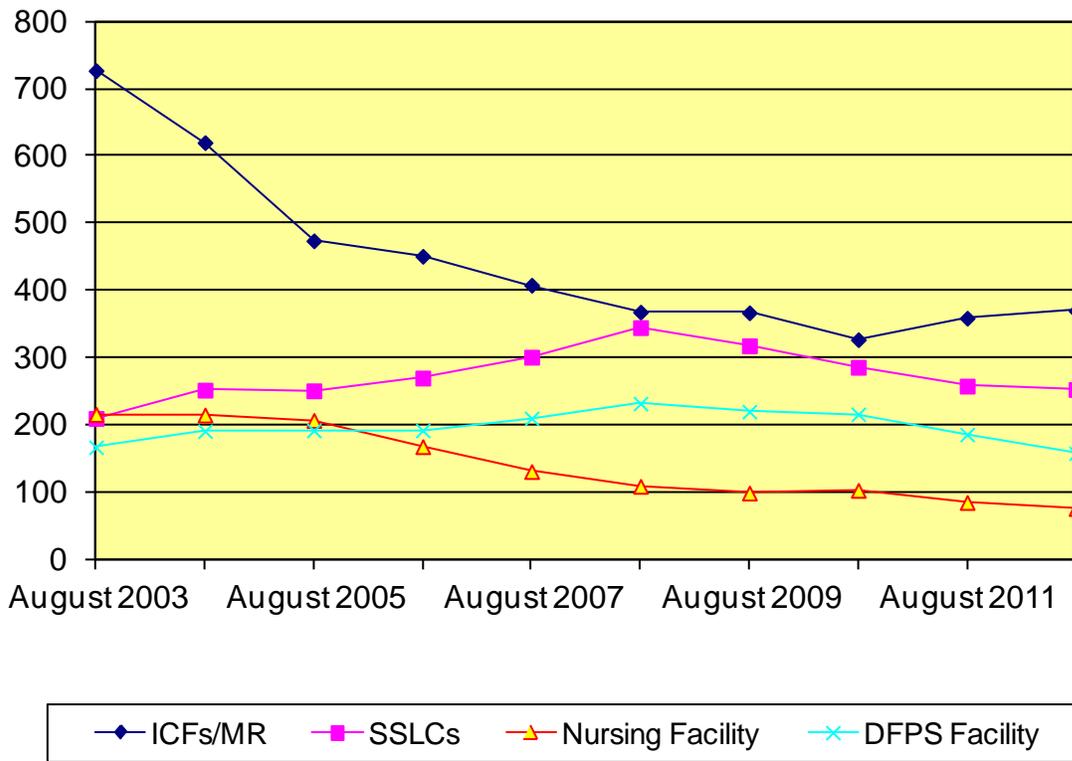
While data shows an overall increase in the number of individuals moving to smaller settings over the past several years, there have been a couple of exceptions. The number of children residing in SSLCs had trended upward between 2002 and 2008. However, that number is down 4 percent from last year, and has declined 27 percent since its peak in 2008. It now stands at

five percent above the baseline numbers seen in 2002. The number of children in medium size ICFs/IID, while relatively small has trended upward. An additional six children in the past year resulted in a ten percent increase in the number of children in medium ICFs/IID. Similarly, while the number of children in large ICFs/IID is down 90 percent from 2002, an increase of 11 children contributed to a 36 percent increase over the past year.

The number of children in DFPS facilities has decreased approximately five percent since August 2003, the first full year for which data was available. However, the number of children in DFPS facilities has dropped 24 percent in the past year, and 32 percent since peaking in 2008.

Excluding HCS, there were 34 fewer children living in all DADS and DFPS facilities combined as of February 29, 2012, compared to a year earlier, and 506 fewer compared to the baseline year (August 2002 for DADS, August 2003 for DFPS).

TABLE 10: 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

With assistance from HHSC’s family-based alternatives contractor, DADS, DFPS, child placement agencies, and Medicaid waiver providers have continued to work together to assist families in bringing their children home, finding family-based alternatives, or in placing children in less restrictive living arrangements. During the 12-month period ending February 29, 2012, 500 children moved into less restrictive or family-based settings:

- 223 children were moved from institutions (not including RTCs) to family-based settings.
- 277 children moved from an institution (not including RTCs) to a less restrictive setting under an arrangement other than a family or family-based alternative.

Since 2003, nearly 2,100 children have moved back to their birth families or to family-based alternatives and a similar number have moved to other less restrictive environments, bringing the total number of children moved from institutions to nearly 4,200.