



Permanency Planning and Family-Based Alternatives Report

**As Required By
S.B. 368, 77th Legislature, Regular Session, 2001**

**Health and Human Services Commission
July 2015**

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1. Executive Summary

Senate Bill 368, 77th Legislature, Regular Session, 2001, charges the Texas Health and Human Services Commission (HHSC) with monitoring placements and ensuring ongoing permanency plans for each child and young adult under the age of 22 with a developmental disability residing in an S.B. 368-defined "institution" in Texas.

This report provides an update on implementation of the legislation. Data and analyses reflect a snapshot in time for the reporting period ending February 28, 2015, as well as longer-term trends since 2002.

The Department of Aging and Disability Services (DADS), Department of Family and Protective Services (DFPS), EveryChild, Inc., (HHSC's family-based alternatives contractor), child placement agencies, and Medicaid waiver program providers continue to work together to enable children to return to their family's home or move to a family-based alternative. During the six-month period ending February 28, 2015, 93 children moved from S.B. 368-defined "institutions" to a family. Of these, 70 moved to a family-based alternative setting and 23 returned home.

Since S.B. 368 was first implemented in 2002, more than 4,800 children have returned to their birth families or moved to family-based alternatives. For the same period, the number of children and young adults in an S.B. 368-defined "institution" has decreased by 28 percent. The most significant reductions have been with large intermediate care facilities (ICFs), with a decrease of 94 percent, followed by a 70 percent decrease in nursing facilities.

Senate Bill 368 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 necessary services in a family-based alternative instead of an institution." In 2002, HHSC awarded the family-based alternatives contract to EveryChild and that contract has been renewed each subsequent year.

Over the life of the contract, EveryChild has significantly helped increase awareness of alternatives to placing children in large facilities, while also increasing the state's capacity to offer family-based alternatives. EveryChild's efforts include direct work with children and families, as well as policy work to affect the systemic change envisioned by the legislation.

2. Introduction and Purpose

With the passage of S.B. 368, 77th Legislature, Regular Session, 2001, HHSC was charged with monitoring placements and ensuring ongoing permanency plans for each child and young adult under the age of 22 with a developmental disability and residing in an S.B. 368-defined "institution."

The purpose of this report is to provide information regarding implementation of the requirements of the permanency planning legislation and progress toward achieving the goals identified in the legislation. The first of these reports was filed in December 2002. Semi-annual reports have been produced since then. This report covers data for the period from September 1, 2014 through February 28, 2015, as well as cumulative data since 2002 and relevant historical information for evaluative purposes.

The legislation defines "institution" as an Intermediate Care Facility for Individuals with an Intellectual Disability (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 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. Using S.B. 368's definition, institutions regulated by DADS include nursing facilities, community ICF/IID (small, medium, and large), state supported living centers (SSLCs), and the Home and Community-based Services (HCS) waiver program residential settings (i.e., supervised living or residential support). By agreement between HHSC and DFPS, this report addresses permanency planning efforts for foster youth placed in DFPS-licensed institutions for children with intellectual disabilities.

The legislation defines "permanency planning" as a philosophy and planning process that focuses on the outcome of family support by facilitating a permanent living arrangement with the primary feature of an enduring and nurturing parental relationship.

The legislation identifies state policy regarding permanency planning as follows: "It is the policy of the state to strive to ensure that the basic needs for safety, security, and stability are met for each child in Texas. A successful family is the most efficient and effective way to meet those needs. The state and local communities must work together to provide encouragement and support for well-functioning families and ensure that each child receives the benefits of being part of a successful permanent family as soon as possible."

To achieve transitions from these defined institutions to family life, the legislation recognizes options that include the child's return to his or her family or movement to a family-based alternative. The legislation defines "family-based alternative" 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."

The legislation requires HHSC to report the following information regarding permanency planning activities to the Legislature:

- The number of children residing in S.B. 368-defined "institution" in Texas and the number of those children who have a recommendation for transition to a community-based residence but have not yet made the transition.
- The circumstances of each child, including the type and name of the S.B. 368-defined "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 S.B. 368-defined "institutions" in Texas, the progress achieved in implementing those plans, and barriers to implementing those plans.
- The number of children who previously resided in an S.B. 368-defined "institution" in Texas and have made the transition to a community-based residence.
- The number of children who previously resided in an S.B. 368-defined "institution" and have been reunited with their families or placed with alternative families.
- The community supports that resulted in the successful placement of children with alternative families.
- The community support services that are necessary but unavailable to address the needs of children who continue to reside in an S.B. 368-defined "institution" in Texas after being recommended to make a transition from the institution to an alternative family or community-based residence.

This report provides data and trend analyses to describe progress in implementing permanency planning and results.

3. Permanency Planning Report

Permanency planning, as a philosophy, refers to the goal-directed desire for family life for children. The permanency planning process refers to the development of strategies and marshaling of resources to implement the desired outcome of reuniting children with their own family or permanent placement with an alternate family. The process involves families and children to help identify options and develop services and supports necessary for the child to live in a family setting. The Permanency Planning Instrument (PPI) is a tool that captures the status at the time of a semiannual review. The following sections provide aggregate data from the PPIs completed between September 1, 2014 and February 28, 2015.

3.1 Total Number of Children Residing in Institutions

Table 1 below shows the number of children and young adults under the age of 22 living in institutions as defined by the legislation as of February 28, 2015.

Table 1: Children in Institutions
DADS and DFPS Data Combined Six-Month Period Ending February 28, 2015

Institution Type	Ages 0-17	Ages 18-21	Total
Nursing Facilities	45	26	71
Small ICF/IID	34	144	178
Medium ICF/IID	4	41	45
Large ICF/IID	0	16	16
SSLC	86	86	172
HCS	185	440	625
DFPS-Licensed ID Institutions	30	7	37
Total	384	760	1,144

Of the 1,144 individuals with developmental disabilities living in an S.B. 368-defined "institution," 384 were minor children and 760 were young adults, ages 18 through 21. No minor children lived in large ICFs/IID and only four minor children lived in a Medium ICF/IID. Of this number, DFPS had no minor children living in large or medium ICF/IIDs.

Of note, institutions are broadly defined by the legislation to include small group homes as well as larger facilities. The Small ICF/IID category represents group homes licensed to serve up to eight residents, however, the majority of small ICF/IID serve no more than six residents. The HCS category represents small group homes limited to no more than four residents. When Small ICF/IID facilities and HCS are excluded a clearer picture of the number of children living in larger institutions emerges. Senate Bill 368-defined "institutions" for more than six residents served 165 minor children during this reporting period. DFPS had no minor children living in this type of institution. S.B. 368-defined "institutions" for more than six residents served 176 young adults, ages 18 through 21, during this reporting period, none of which were DFPS placements.

At the end of the most recent reporting period, 207 minor children were living in S.B. 368-defined "institutions" with more than four beds. Of this number, DFPS had 32 minor children in institutions with more than four residents. Senate Bill 368-defined "institutions" with more than four residents served 320 young adults, ages 18 through 21. Of this number, DFPS had 11 young adults, ages 18 through 21, residing in institutions with more than four residents.

3.2 Circumstances of Children Residing in Institutions

Using data from the PPIs, a report titled Demographics by County – Child and Parent/Guardian (Appendix A) reveals information on the type of facility, age of child, length of time in the institution, and county of residence for child and parent/guardian. Summary information from this report follows.

The majority of children with developmental disabilities (65 percent) living in S.B. 368-defined "institutions" as of February 28, 2015, were young adults, ages 18 through 21, as described in Charts 1 and 2 below:

Chart 1: Ages

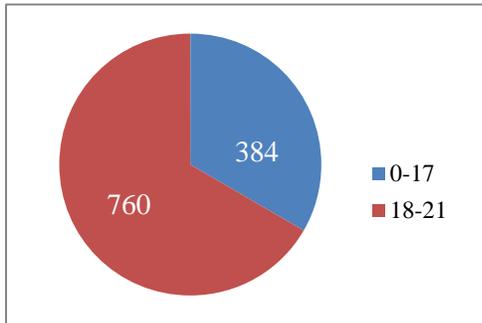
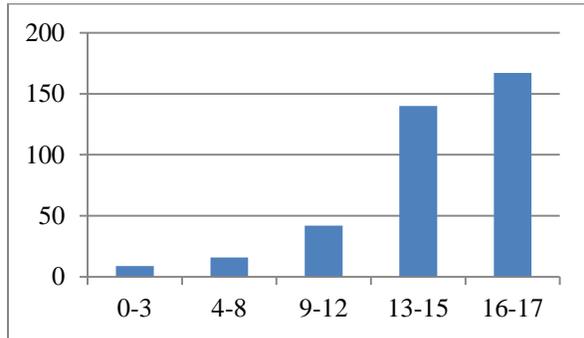


Chart 2: Age Breakdown of Minor



Nursing facilities and DFPS facilities had the highest percentage of minor children. The percentage of minor children living in large facilities varies by facility type as shown in Chart 3 below.

**Chart 3: Age by Facility Type as of February 28, 2015
DADS and DFPS Data Combined**

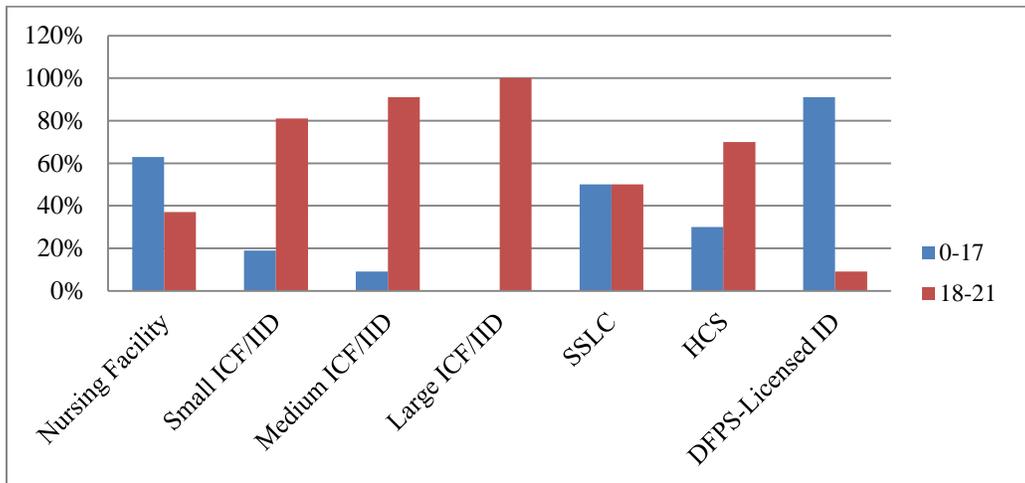
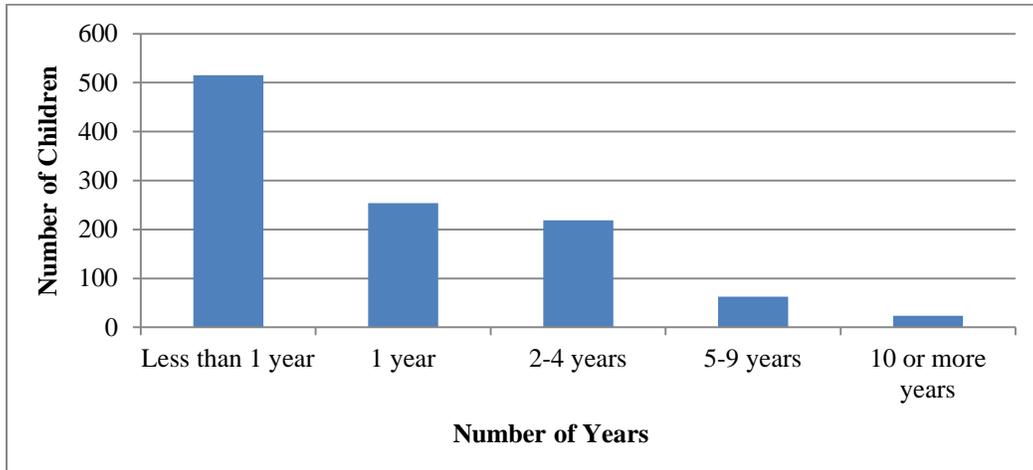


Chart 4 shows the majority of children with developmental disabilities (72 percent) had been living in that institution for one year or less as of February 28, 2015. The large number of

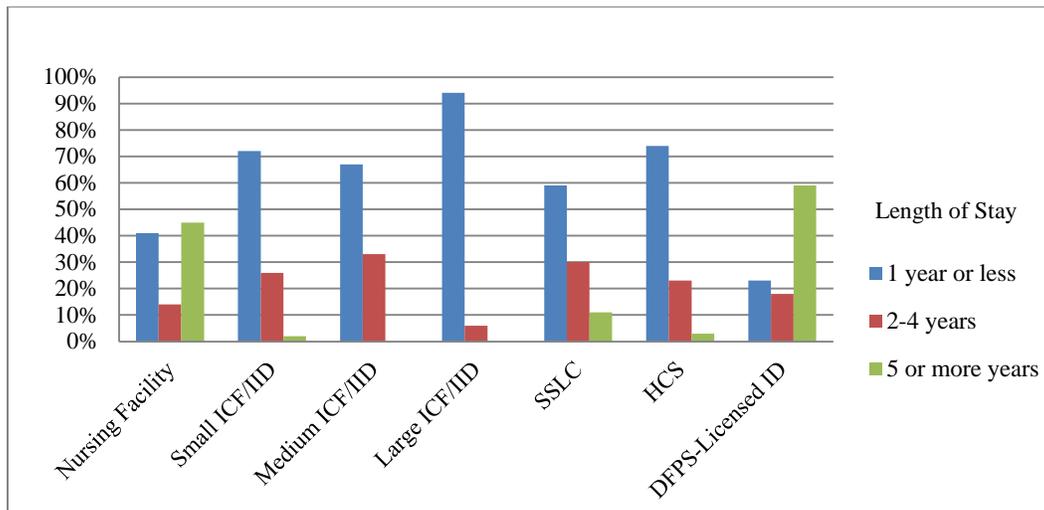
relatively short stays may reflect new children or children who moved from a larger institution into a smaller, less restrictive institution, as defined by S.B. 368.

**Chart 4: Length of Stay in Current Institution
DADS and DFPS Data Combined**



Lengths of stay based on available data varied by institution type as described in Chart 5. A significant percentage of children with lengths of stay exceeding five years were in nursing facilities and DFPS-Licensed ID Institutions.

Chart 5: Length of Stay by Facility Type as of February 28, 2015



3.3 Permanency Plans Developed for Children in Institutions

Senate Bill 368 requires that every child residing in a defined institution have a permanency plan developed and updated semiannually. The state established oversight responsibility for permanency plans based on where children reside.

As delineated in DADS' performance contract with the Local Intellectual and Developmental Disability Authorities (LIDDA), DADS delegated responsibility for conducting permanency planning activities for children in ICFs/IID (including SSLCs) and HCS residential settings to the 39 LIDDAs. The permanency planning activities are completed by service coordinators who work for the LIDDAs.

The DFPS delegated responsibility for conducting permanency planning activities for DFPS-licensed institutions for children with intellectual disabilities to developmental disability specialists assigned as secondary caseworkers. For purposes of this report, DFPS reports only permanency planning efforts of foster youth placed in DFPS-licensed institutions for children with intellectual disabilities.

The HHSC delegated responsibility for conducting permanency planning activities for children in nursing facilities to EveryChild, HHSC's family-based alternatives contractor. Table 2 identifies permanency plans completed by facility type.

**Table 2: Permanency Plans Completed
Six-Month Report Ending February 28, 2015**

S.B. 368 Institution Type	Permanency Plans Completed	Number of Children Residing in Institutions
Nursing Facilities	53	71
Small ICF/IID	164	178
Medium ICF/IID	41	45
Large ICF/IID	14	16
SSLC	154	172
HCS	613	625
DFPS-Licensed ID Institutions	22	37
Total	1,061	1,144

S.B. 368 encourages parental participation in planning and recognized parental or guardian authority for decisions regarding living arrangements. Goals established during the planning process reflect the direction to which the permanency plan is moving (e.g., return to birth family or reside in a family-based alternative). While every effort is made to encourage reunification of

children with birth families, there are instances when families or guardians are unable to bring the child home. In those situations, the preferred alternative for a child may be a support family, also known as a family-based alternative.

Permanency planning for minor children (ages 0 through 17) focuses on family life and for young adults (ages 18 through 21), it acknowledges that another type of community living arrangement may be more appropriate. Permanency planning, such as small group homes, may be chosen by young adults or their guardians as an adult-oriented goal toward independence.

Permanency goals may change over time as a result of changes in parental or guardian views following fuller exploration, exposure to alternatives, or changes in family circumstances. Experience shows that parents or guardians who at one time prefer institutional living for their child sometimes change their mind.

3.4 Number of Children Who Returned Home or Moved to a Family-Based Alternative

The DADS, DFPS, EveryChild (the HHSC family-based alternatives contractor), child placement agencies, and Medicaid waiver program providers are working together to enable children to return to their families' homes or move to family-based alternatives. As reflected in Table 3 below, 93 children moved from S.B. 368-defined "institution" back home or to live with another family during the six-month period ending February 28, 2015.

**Table 3: Children Returned Home or Moved to Family-Based Alternative
Six-Month Period Report February 28, 2015**

S.B. 368 Institution	Returned Home	Family-Based Alternative	Total
DADS	17	38	55
DFPS	6	32	38
Total	23	70	93

3.5 Community Supports Resulting in Successful Return Home or a Family-Based Alternative

Children who return home or move to a family-based alternative require specialized supports that are identified in the permanency planning process. Supports that may be identified for children and families during permanency planning include:

- Architectural modifications
- Behavioral intervention
- Child care
- Durable medical equipment
- In-home health services

- Mental health services
- Nighttime supervision
- Ongoing medical services
- Personal assistance
- Respite
- Specialized equipment
- Specialized therapies
- Specialized transportation
- Training for caregivers

The specialized supports needed by specific children and families vary not only in type, but also in intensity and frequency. Specialized supports may be addressed in a variety of ways, depending on the needs of the child and the family to which the child moved. For most children leaving an S.B. 368-defined "institution," their specialized support needs were met through services available in one of the Medicaid waiver programs shown in Table 4.

Table 4: Medicaid Waivers Services

Specialized Supports	HCS	MDCP	CLASS	DBMD	TxHmL	STAR+PLUS
Adaptive Aids	✓	✓	✓	✓	✓	✓
Home Modifications	✓	✓	✓	✓	✓	✓
Respite	✓	✓	✓	✓	✓	✓
Supported Employment	✓	✓	✓	✓	✓	✓
Dental	✓		✓	✓	✓	✓
Nursing	✓		✓	✓	✓	✓
Professional Therapies	✓		✓	✓	✓	✓
Supported Home Living	✓					
Flexible Family Support		✓				
Host Family	✓		✓			
Community Support Services					✓	
Personal Assistance Services						✓
Residential Habilitation			✓	✓		
Day Habilitation	✓			✓	✓	
Transition Assistance Services		✓	✓	✓		✓
Behavioral Support	✓		✓	✓	✓	

Waiver services have enabled many children to transition to family life. All of the specialized supports identified above have been necessary and used by children returning from S.B. 368-defined "institutions" to their families or moving to family-based alternatives. Of particular importance has been access to the HCS waiver. The waiver includes the ability to offer family-

based alternatives through the host family service whereby a family in the community can provide a home for a child who cannot live with his or her birth family.

Legislative appropriations for the 2014-2015 biennium provided funding for the Home and Community-based Services (HCS) waiver program, including recipient slots for the following:

- Large and Medium Intermediate Care Facility for Individuals with an Intellectual Disability (ICFs/IID): 400 individuals under the age of 22.
- State Supported Living Center (SSLC): 300 individuals at risk of admission and under the age of 22.
- Nursing Facility: 20 children leaving facility.
- DFPS-Licensed Intellectual Disabilities (ID) Institutions: 25 children transitioning from facility.
- DFPS Foster Care: 192 children aging out.

3.6 Community Supports Unavailable but Necessary to Transition from Institutions

Specialized supports are identified in the permanency planning instruments (PPIs), but in some cases funding may be unavailable or insufficient due to long waiver program interest lists and stipulations within waiver programs, such as cost caps and types of services covered. Additionally, not all waivers include a service category to fund supports for alternate families. Also, people living in rural areas may experience a lack of qualified providers and professionals.

While most of the Medicaid waiver programs include behavioral support, for children with high needs, the frequency and intensity of behavior support or the availability of qualified professionals may be inadequate. Although waivers are available to children as an alternative to living in an S.B. 368-defined "institution," only the HCS waiver has slots for children at risk of being institutionalized. This limitation contributes to institutional admissions and competition for the limited number of waiver slots for all individuals.

4. Summary and Trend Data

Significant progress has been made since S.B. 368 was introduced in 2001. Data collected demonstrate the number of children moving from S.B. 368-defined "institutions" to their own family home or to a family-based alternative continues at a steady pace. Table 5 details yearly changes in the number of children residing in S.B. 368-defined "institutions" since 2002. The data reflect a point in time which can mask the actual number of children who moved during the year.

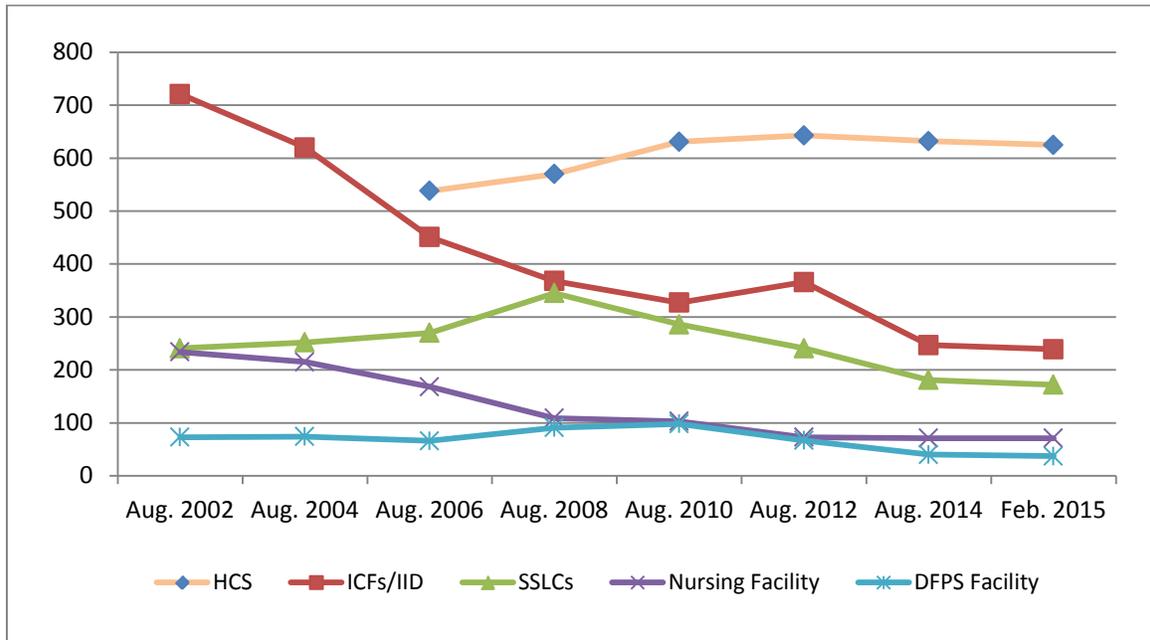
The community ICFs/IID (small, medium, and large), SSLCs, nursing facilities, and DFPS-licensed institutions for children with intellectual disabilities range in size from six to several hundred individuals in the largest SSLC. By contrast, HCS group homes can serve no more than four individuals. When the number of children who were living in HCS group homes is excluded, the total number of children who were living in one of the other S.B. 368-defined "institutions" decreased by 4 percent between September 2014 and February 2015 and has decreased by 59 percent since 2002.

**Table 5: Trends in Number of Children Residing in Institutions by Facility Type
DADS and DFPS Data Combined Six-Month Period Ending February 28, 2015**

S.B. 368 Institutional Type	Baseline Number as of 8/31/02	Number as of 8/31/2014	Number as of 2/28/2015	Percent Change Since August 2002	Percent Change in Six Months
DADS Facilities					
Nursing Facilities	234	71	71	(70%)	0%
Small ICFs/IID	418	195	178	(57%)	(9%)
Medium ICFs/IID	39	39	45	15%	15%
Large ICFs/IID	264	13	16	(94%)	(23%)
SSLC	241	181	172	(29%)	(5%)
HCS	312	632	625	100%	(2%)
Total DADS Facilities	1,508	1,131	1,107	(25%)	(2%)
DFPS-Licensed ID Institutions					
	73	40	37	(49%)	(8%)
Total DADS and DFPS	1,581	1,171	1,144	(28%)	(2%)
Total DADS and DFPS without HCS	1,269	539	519	(59%)	(4%)

Since 2002, more than 4,800 children have returned to their birth families or moved to family-based alternatives. The number of children living in any type of S.B. 368-defined "institution" has decreased by 2 percent in the past six months and decreased by 28 percent since 2002. Since 2002, nursing facilities have decreased by 70 percent and large ICFs have decreased by 94 percent.

Chart 6: Number of Children Residing in Institutions by Facility Type



As Chart 6 shows, the numbers of children served in ICFs/IID, SSLCs, nursing facilities, and DFPS-licensed institutions for children with intellectual disabilities have all decreased while the number enrolled in HCS facilities has increased. The HCS category of S.B. 368-defined "institution" represents small group homes which are limited to no more than four residents. Importantly, the HCS waiver program includes services and supports that may enable a child to return home or achieve placement in a family-based alternative with a host family.

5. Systemic Improvement Efforts

The significant shifts in the number of children with developmental disabilities living in S.B. 368-defined "institutions" have been directly related to systemic changes and improvements. During this reporting period, many improvement efforts continued to build on previous years' activities. In addition, new areas of focus emerged.

5.1 Summary of State Agency Activities

Since the passage of S.B. 368, HHSC, DADS, and DFPS have worked diligently to refine and improve permanency planning activities. This has required continuing collaboration across divisions in each agency, as well as collaborative efforts across agencies to facilitate system changes for long-term results. These three health and human services agencies are active in the three councils focused on systemic improvements for children.

Task Force for Children with Special Needs, S.B. 1824, 81st Legislature, Regular Session, 2009: 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

S. B. 368, 77th Legislature, Regular Session, 2001, Legislative Report on Permanency Planning and Family-Based Alternatives

other developmental disability, or serious mental illness. The task force developed a [five-year plan](#) and is focusing its initial implementation on two priority areas: better informing and empowering families, and improving crisis prevention and intervention efforts.

Council on Children and Families, S.B. 1646, 81st Legislature, Regular Session, 2009: The Council on Children and Families (CCF) membership is composed of leadership (or designee) from HHSC, DADS, DFPS and other state agencies serving children. The CCF coordinates state health, education, and human services for children of all ages and their families; improves coordination and efficiency in and among 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. The [CCF 2014 biennial report](#) is posted on the HHS website.

Children's Policy Council, H.B. 1478, 77th Legislature, Regular Session, 2001: HHSC, DADS, and DFPS continued as agency members on the Children's Policy Council (CPC). The CPC assists in developing, implementing, and monitoring long-term supports and services programs for children with disabilities and their families. The [2014 CPC biennial report](#) is posted on the HHS website.

In addition to collaborative work, each agency has also been engaged in improvement efforts within the agency.

Texas Department of Aging and Disability Services Activities

As a continued requirement of DADS, Local Intellectual and Developmental Disability Authorities (LIDDAs) must complete permanency planning within 20 days of the first business day an individual's name first appears on the Client Assignment and Registration System (CARE) weekly permanency planning report. The LIDDA must then enter the plan into CARE within 10 days of the permanency plan review date. The LIDDAs are required to complete 95 percent of the required permanency plans within timeframes as described in the performance contract for individuals in ICF/IID and HCS residential settings.

Weekly reports provided by DADS to LIDDAs included permanency planning timeframes, ongoing technical assistance, and ensured compliance of permanency planning guidelines. Of the 25 HCS slots appropriated for the current biennium to DADS, for children in a DFPS General Residence Operation (GRO), DADS approved enrollment of 19 children as of August 31, 2014. Of the 192 HCS slots appropriated for the current biennium to DADS for children aging out of DFPS foster care, DADS approved enrollment of 87 children as of August 31, 2014.

Texas Department of Family and Protective Services Activities

During this reporting period, 11 children were approved for placement in a DFPS GRO for children with intellectual and developmental disabilities, and ten children were approved for placement in HCS foster companion homes/support family and no children were placed in SSLCs. Approval for placement requires the written approval from the Child Protective Services (CPS) Assistant Commissioner or her designee. Staff from DFPS and DADS continued to work

together to make targeted HCS waiver slots available to CPS youth transitioning out of DFPS care or from GROs into the community utilizing the supports offered in the HCS Medicaid waiver program.

The DFPS continues to use the 19 HCS Medicaid waiver program slots reserved for children with disabilities residing in DFPS GROs to transition to the community. Child Protective Services is collaborating with EveryChild to find appropriate homes in the community for children in a GRO who have been selected for HCS waiver services. The DFPS continued to monitor developmental disability specialists' completion of permanency planning.

Texas Health and Human Services Commission Activities

The HHSC continued to provide oversight of the family-based alternative contract with EveryChild to ensure continued implementation of the project in areas of the state with high concentrations of children residing in institutional settings. The HHSC continued to chair and/or provide staff support to child-focused councils including: Task Force for Children with Special Needs, Council on Children and Families, and Children's Policy Council.

5.2 Summary of Progress, Challenges, and Opportunities

Since 2002, systemic improvements have contributed to significantly increased opportunities for achieving the goal of family life envisioned by S.B. 368. The state's efforts to implement permanency planning have been achieved by collaboration among HHSC, DADS, DFPS, and EveryChild.

While significant progress has been made in supporting family life for children with developmental disabilities as an alternative to S.B. 368-defined "institutions," challenges remain and opportunities for further progress are summarized below.

System Progress Since 2002

Significant progress has been made in family-based alternative care in the past 12 years. More than 4,800 children have moved from S.B. 368-defined "institutions" to families as a result of increased interest, capacity, and access to family-based services and supports. In a state with a population approaching 27 million, only 384 minor children with developmental disabilities were living in all institution types defined in the legislation as of February 28, 2015.

Upon admission of a child to a nursing facility, DADS adds the child's name to the interest list for the Medically Dependent Children Program (MDCP), if the individual is under the age of 22, and the Community Living Assistance and Support Services (CLASS) waiver program. Upon admission to an ICF/IID, DADS adds the child's name to the interest list for the HCS waiver program. Children residing in a nursing facility or ICF/IID are afforded access to a DADS waiver programs through either DADS' Money Follows the Person initiative or reserved waiver capacity (depending on the waiver program).

The number of children living in large S.B. 368-defined "institution" has been dramatically

reduced to 165 minor children living in facilities with more than four residents. Families and guardians of children with developmental disabilities living in S.B. 368-defined "institutions" have been able to choose alternatives through the permanency planning process, which creates opportunities to pursue well-supported family life and the assistance needed to achieve it. The permanency planning process allows families and guardians to choose family-based care instead of institutional care as a result of increased availability of resources dedicated to supporting families. Families and guardians of children at risk of admission to an S.B. 368-defined "institution" have been enabled to maintain family-based care through access to family support available in Medicaid waiver programs directed to divert admissions and reduce interest lists.

Providers have demonstrated increased interest in and capacity to offer family-based alternatives. The DADS, HHSC, DFPS, DSHS, EveryChild, and others are working on enhancements to the current system to better support children with challenging behavior and co-occurring developmental disabilities and mental health conditions. Positive Behavior Support was a focus of the recommendations of the Task Force for Children with Special Needs as well as the Children's Policy Council. Legislative action and appropriations have substantially increased access to family support and family-based alternatives through Medicaid waiver programs and targeting access to the most appropriate waiver for institutionalized children with developmental disabilities.

Senate Bill 368's requirement to develop a system of family-based alternatives has significantly contributed to progress. Major reductions in institutional use by children with developmental disabilities have been achieved through increased capacity to offer family-based alternatives. The positive contribution of EveryChild, HHSC's contractor, is widely acknowledged.

Challenges to Continued Progress

While much progress has been made, challenges remain. Even though some children in small and medium ICFs/IID have access to a limited number of HCS waiver slots, others remain on interest lists for services and supports that would enable them to return home or live in a family-based alternative. Although recommendations have been developed to improve support for children with behavioral challenges, implementation of recommendations is an ongoing challenge. Long-term placement with a family is at risk if supports and services are not sustained. Responsibility for transition planning is fragmented across multiple parties with variable quality.

Despite the overall decrease in the number of children in S.B. 368-defined "institutions" serving more than four residents, these institutions continue to admit children. A lack of short-term, community-based crisis support services contributes to the number of new admissions of children. The allocation of HCS waiver slots for diversion from SSLCs has been limited in number and does not apply to diversion from other types of S.B. 368-defined "institutions." Children with high medical needs are at risk of institutionalization when they age out of children's Medicaid and are no longer eligible for certain Medicaid services, especially private duty nursing.

While permanency planning routinely engages most families whose children live in S.B. 368-defined "institutions," a small but disturbing number of families have minimal or no contact with their child. In some cases, this results from living a significant distance from the child.

Opportunities for Further Progress

Opportunities to further promote family life as an alternative to an S.B. 368-defined "institution" for children with developmental disabilities includes developing more intensive and creative ways to support children with behavioral support needs in family homes. Options for supporting these children include funding for positive behavior support specialists, in-home behavior supports, and statewide training for families and professionals on positive behavior support. Furthermore, agencies must ensure supports for children with high medical needs continue as they transition to adulthood so they remain in their community and with their families.

In addition, agencies responsible for mental health services and intellectual and developmental disability services for children with a dual diagnosis plan to explore new ways to apply the money-follows-the-person approach used for nursing facilities to ICFs/IID that serve children and ensure all waivers include a service component for alternate families. These agencies also will review the PPI to determine if changes would enable additional aggregate data to be collected to enhance planning and evaluation efforts. Finally, state leaders must ensure Texas' transition to managed care fulfills the promise of better coordinated care and more effective use of resources to enable children to live with families instead of in institutions.

6. Conclusion

Since the implementation of S.B. 368, statistics reflect a decrease in children (ages 0 through 17) with disabilities living in large S.B. 368-defined "institutions" serving more than four residents with a concurrent increase in the number of children in HCS and living with their families or in a family-based alternative setting. Transitioning young adults (ages 18 through 21) have the opportunity to make other living arrangements in addition to staying with their families. Much of the success of this initiative is attributed to the enormous efforts and cross-collaboration of DADS, DFPS, and EveryChild to increase children's access to Medicaid waivers.

The HCS waiver allows Texas to offer family-based alternatives through a host family where specially trained alternative families in the community provide homes for children who cannot live with their birth families.

Statistics in this report reflect a significant decline in the number of children residing in S.B. 368-defined "institutions" serving more than four residents. On August 31, 2002 there were 1,269 children living in such settings. As of February 28, 2015, the number was 519. EveryChild, DADS, and DFPS consistently work to increase the number of children who transition to a community setting using HCS or similar types of services and supports. The ultimate goal is to ensure children and young adults with disabilities live in a nurturing family environment.

List of Acronyms

Acronym	Full Name
CARE	Client Assignment and Registration System
CCF	Council on Children and Families
CPC	Children's Policy Council
CLASS	Community Living Assistance and Support Services
CPS	Child Protective Services
DADS	Department of Aging and Disability Services
DBMD	Deaf Blind with Multiple Disabilities
DFPS	Department of Family and Protective Services
FY	Fiscal year
GRO	General Residential Operations
HCS	Home and Community-based Services
HHSC	Health and Human Services Commission
ICF/IID	Intermediate Care Facility for Individuals with an Intellectual Disability
LIDDA	Local Intellectual and Developmental Disability Authority
MDCP	Medically Dependent Children Program
PPI	Permanency Planning Instrument
S.B.	Senate Bill
STAR+PLUS	State of Texas Access Reform PLUS Managed Care Program
SSLC	State Supported Living Centers
TxHmL	Texas Home Living