

---

---

# **Permanency Planning and Family-Based Alternatives Report**

In Response to S.B. 368, 77<sup>th</sup> Legislature, Regular Session, 2001

---

---



Submitted to the Governor and the Texas Legislature

**January 2014**

## TABLE OF CONTENTS

<b>Introduction and Purpose .....</b>	<b>1</b>
<b>Permanency Planning Report.....</b>	<b>3</b>
Summary of Agency Activities.....	3
1). Texas Department of Aging and Disability Services .....	3
2). Texas Department of Family Protective Services .....	4
3). Texas Health and Human Services Commission .....	4
Reporting Elements.....	5
1). Total Number of Children Residing in Institutions.....	5
2). Circumstances of Each Child Residing in an Institutions .....	5
3). Permanency Plans Development for Children in Institutions .....	6
4). Goals Identified During Permanency Planning.....	7
5). Community Supports Necessary to Transition Children to Support Families .....	8
6). Children Who Returned Home and Moved to an Alternative Family .....	9
<b>Summary of Trends in Data .....</b>	<b>10</b>
<b>Family-Based Alternatives .....</b>	<b>12</b>
A. Background/Basis for Development of Family-Based Alternatives .....	12
B. Contract Award.....	12
C. Activities and Accomplishments .....	12
<b>System Progress, Challenges and Opportunities.....</b>	<b>17</b>
A. System Progress.....	17
B. Challenges to Continued Progress .....	17
C. Opportunities for Further Progress .....	18
<b>Appendix B: EveryChild, Inc., Input to State Agency Stakeholder Groups</b>	
<b>Appendix C: EveryChild, Inc., Input to Policy Change</b>	
<b>Appendix D: Training and Technical Assistance Provided by EveryChild, Inc.</b>	

## INTRODUCTION AND PURPOSE

With the passage of S.B. 368, 77<sup>th</sup> 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.

S.B. 368 defines “institution” as an Intermediate Care Facility for Individuals with an Intellectual Disability (ICF/IID), a Medicaid waiver group home under the authority of the Department of Aging and Disabilities (DADS), a foster group home or agency foster group home, a nursing facility, an institution for people with an intellectual disability (ID) licensed by the Department of Family and Protective Services (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 regulated by DADS include nursing facilities, community ICF/IID (small, medium, and large), state supported living centers (SSLCs), and home and community-based services (HCS) residential settings (supervised living or residential support only).

By agreement with HHSC, for purposes of this report, DFPS targets permanency planning reporting efforts of foster youth placed in DFPS licensed institutions for ID.

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 DFPS). 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.

The initial semi-annual report of these efforts was filed in December 2002. Semi-annual reports have been produced at six-month intervals since that date. This report covers data and information for the period from March 1, 2013 - August 31, 2013, with reference to relevant historical data necessary for evaluative purposes.

The state’s permanency planning efforts have been achieved by collaborative efforts among HHSC, DADS, DFPS and the family -based alternatives contractor, EveryChild, Inc. 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.

# PERMANENCY PLANNING REPORT

## 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.

*Task Force for Children with Special Needs:* 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](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.

*Council on Children and Families:* 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.

### 1. Texas Department of Aging Disability Services

Since March 1, 2013, the following activities were initiated or completed in support of permanency planning:

- DADS continued to require local authorities through the performance contract to 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 LA must then data enter the plan into CARE within 10 days of the permanency plan review date. LAs are required to complete 95 percent of the required permanency plans within timeframes as described in the performance contract for individuals in ICF/IID.
- DADS continued to provide local authorities, through CARE weekly permanency planning reports and the timeframes for conducting permanency planning.
- DADS provided ongoing technical assistance to local authorities' staff to assist with compliance of the permanency planning requirements as described in the performance contract.

## **2. Texas Department of Family and Protective Services**

- During this reporting period, nine children were approved for placement in a DFPS General Residential Operations for children with intellectual and developmental disabilities. Approval for placement requires the written approval from the Child Protective Services (CPS) Assistant Commissioner or her designee.
- DFPS and DADS staff continued to work together to make targeted HCS waiver slots available to CPS youth transitioning out of DFPS care and children in general residential operations (GROs) transitioning out of institutions into the community utilizing the supports offered in the HCS Medicaid Waiver Program.
- CPS is collaborating with EveryChild, Inc., to find appropriate homes in the community for children in GROs selected for HCS waiver services.

## **3. Texas Health and Human Services Commission**

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.

## 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.

### 1. Total Number of Children Residing in Institutions

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. Information on the number of children in institutions is provided in Table 1.

**TABLE 1: CHILDREN IN INSTITUTIONS AS OF AUGUST 31, 2013**

<b>Institution</b>	<b>Overall Placement</b>	<b>All Minors</b>	<b>Individuals 18 to 21 Years Old</b>
Nursing Facilities	70	34	36
Small ICF/IID	233	48	185
Medium ICF/IID	48	5	43
Large ICF/IID	16	0	16
SSLC	203	88	115
HCS	640	203	437
DFPS-Licensed ID Institutions	49	39	10
<b>Total</b>	<b>1,259</b>	<b>417</b>	<b>842</b>

### 2. Circumstances of Each Child Residing in an Institution

Appendix A (Demographics by County – Child and Parent/Guardian) contains information on the 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 during the six month period ending August 31, 2013. Data regarding age and length of time in an institution data are calculated based on the date the data was submitted to HHSC.

Local authorities' staff members have taken important and necessary 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, continues at a steady pace. Additionally, other children have moved from larger institutions into less restrictive institutions in the community. 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.

### **3. Permanency Plans Developed for Children in Institutions**

S.B. 368 requires that every child residing in an institution have a permanency plan developed and updated semi-annually. 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.

The information below is categorized by the state agency responsible for the activity to describe the number of permanency plans developed and any barriers encountered in that process. Each state agency has statutorily defined oversight responsibility for permanency plans where children reside.

DADS has delegated responsibility for conducting permanency planning activities for children in ICF/IID (including SSLCs) and HCS to the 39 local authorities, as delineated in DADS’ performance contract with the local authorities. The permanency planning activities are completed by service coordinators who work for the local authorities.

DFPS has developmental disability specialists who are assigned as secondary caseworkers for children placed in DFPS license institutions for children with intellectual and developmental disabilities. The developmental disability specialists are responsible for completing the permanency planning instrument and submitting it to the developmental disability specialist at state office for tracking and monitoring. The developmental disability specialist coordinate with the primary caseworker assigned to the child's case to coordinate and facilitate placement in less restrictive settings.

Responsibility for conducting permanency planning activities for children in nursing facilities is assigned to EveryChild, Inc., HHSC’s family-based alternatives contractor. Permanency plans completed by facility type is provided in Table 2.

**TABLE 2: PERMANENCY PLANS COMPLETED AS OF AUGUST 31, 2013**

<b>Institution</b>	<b>Permanency Plans Completed</b>
Nursing Facilities	56
Small ICF/IID	229
Medium ICF/IID	46
Large ICF/IID	16
SSLC	185
HCS	619
DFPS-Licensed ID Institutions	31
<b>Total</b>	<b>1,182</b>

#### 4. Goals Identified During Permanency Planning

As part of the permanency planning process, one of three goals must be selected on the permanency planning instrument. In addition to the permanency planning instrument, all children in DFPS conservatorship also have a child plan completed that identifies the permanency goal and concurrent goal for each child. The options for a child using the DFPS child plan document correlate closely to the goals of the permanency planning instrument and include: family reunification; alternate family; and another planned permanent living arrangement. This information is reflected in Table 3.

**TABLE 3: GOALS IDENTIFIED IN PERMANENCY PLANS**

<b>Goal</b>	<b>DADS Institution</b>	<b>DFPS-Licensed ID Institution</b>
Family/Legally Authorized Representative Support To Move To Family Home	302	4
Family/Legally Authorized Representative Support To Move To Alternate Family	146	23
Another Planned Living Arrangement	-	4

## 5. Community Supports Necessary to Transition Children to Support Families

For some children recommended to move to the community, the supports are identified but the location and accessibility to the supports are not available on a timely basis or in the child's home community.

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. Table 4 provides a list of support services and the number of individuals who needed each support service by institution type in order to achieve their permanency goal.

**TABLE 4: PERMANENCY PLANS NEEDING COMMUNITY SUPPORTS**

<b>Support</b>	<b>DADS Institutions</b>	<b>DFPS-Licensed ID Institutions</b>
Architectural Modification	93	3
Behavioral Intervention	476	29
Child Care	129	16
Crisis Intervention	243	17
Durable Medical Equipment	103	3
Family/Legally Authorized Representative Support	144	11
In-Home Health	76	2
Mental Health Service	359	15
Night Person	415	29
Ongoing Medical Services	507	17
Personal Attendant	439	27
Respite In-Home	250	15

<b>Support</b>	<b>DADS Institutions</b>	<b>DFPS-Licensed ID Institutions</b>
Respite Out-of-Home	234	17
Specialized Equipment	175	8
Specialized Therapies	181	9
Specialized Transportation	110	2
Support Family	108	11
Training	311	14
Transportation	462	14
Volunteer Advocate	34	13
<b>Total</b>	<b>4,849</b>	<b>272</b>

## 6. Children Who Returned Home or Moved to an Alternative Family

With assistance from EveryChild, Inc., DADS, DFPS, child placement agencies, and Medicaid waiver program providers have continued to work together to enable children to return to their natural home or move to family-based alternatives and other less restrictive living arrangements. This information is reflected in Table 5.

**TABLE 5: CHILDREN WHO RETURN HOME OR MOVED  
TO ALTERNATIVE FAMILY OR LESS RESTRICTIVE SETTING**

<b>Institution</b>	<b>Returned Home</b>	<b>Alternative Family</b>	<b>Less Restrictive Setting</b>
DADS	23	45	101
DFPS	2	10	7
<b>Total</b>	<b>25</b>	<b>55</b>	<b>108</b>

## SUMMARY AND TRENDS DATA

S.B. 368 defines institution to include HCS supervised living and residential support. Including children in HCS settings, the total number of children with developmental disabilities residing in institutions has declined 25 percent in the past 11 years.

When HCS and DFPS-licensed ID institutions settings are excluded, the data reveals a decline of 52 percent in the number of children residing in DADS facilities since 2002, as children have experienced a shift to smaller, less restrictive environments. The number of children living in all types of DADS institutions, except HCS, decreased by 16 percent in the past year. Excluding HCS, the total number of children in DADS and DFPS facilities combined decreased by 23 percent over the past year, while showing a decline of 55 percent since 2002. Table 6 details the trend in the number of children residing in institutions since 2002.

**TABLE 6: TRENDS IN NUMBER OF CHILDREN RESIDING IN INSTITUTIONS  
BY FACILITY TYPE 2002-2013**

<b>Institution</b>	<b>Baseline Number as of 8/31/2002</b>	<b>Number as of 8/31/2012</b>	<b>Number as of 8/31/2013</b>	<b>Percentage Change Since 8/31/2002</b>	<b>Percentage Change in Past Year</b>
Nursing Facilities	234	73	70	70%	(4%)
Small ICF/IID	418	275	233	(44%)	(15%)
Medium ICF/IID	39	59	48	23%	(19%)
Large ICF/IID	264	32	16	(94%)	(50%)
SSLC	241	241	203	(16%)	(16%)
HCS	312	643	640	106%	0%
DFPS-Licensed ID Institutions	167	119	49	(71%)	(59%)
<b>Total</b>	<b>1,675</b>	<b>1,442</b>	<b>1,259</b>	<b>(25%)</b>	<b>(13%)</b>

\*2002 Data for DFPS is incomplete; therefore, the baseline used was data in 2003.

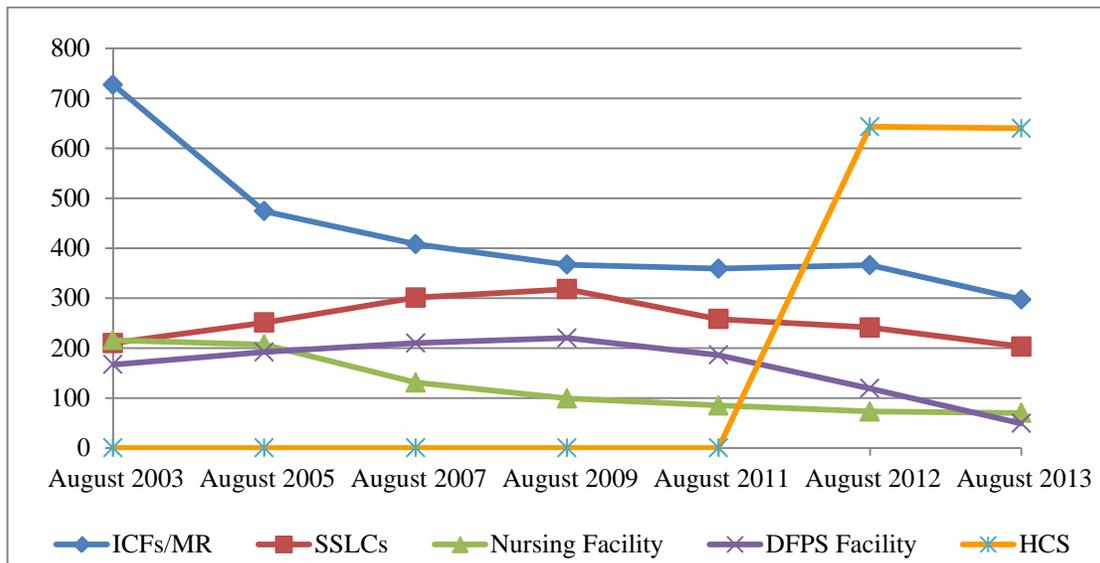
The number of children in DADS institutions has continued to decline since August 31, 2002.

The number of children in DFPS-licensed ICF/ID has decreased 71 percent since August 2003, the first full year for which data was available. However, the number of children in DFPS facilities has dropped 59 percent in the past year, and 79 percent since peaking in 2008. The decreased number of DFPS children in large facilities is attributed to an increase in the number

of HCS slots allocated through DADS, and intense work to avoid placements in the most restrictive settings, such as SSLCs and licensed ICF/ID, which has resulted in more successful placements in other settings such as foster homes.

Excluding HCS, there were 619 children living in all DADS and DFPS facilities as of August 31, 2013. Compared to the previous reporting period, there were 799 living in all DADS and DFPS facilities. Overall, the total number of children residing in institutions excluding HCS has decreased. This information is provided in Table 7.

**TABLE 7: NUMBER OF CHILDREN RESIDING IN INSTITUTIONS BY FACILITY TYPE**



\*2002 Data for DFPS is incomplete; therefore, the baseline used was data in 2003. Data for 2003 through 2009 data was combined with ICF reporting.

Since 2003, more than 3,300 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 more than 4,700.

## **FAMILY-BASED ALTERNATIVES**

### **A. Background/Basis for Development of Family-Based Alternatives**

Child development experts and research concur that children are physically and emotionally healthier when they grow up in well-supported families. S.B. 368 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.”

### **B. Contract Award**

To assist in this effort, the legislation called for HHSC to “contract with a community organization...for the development and implementation of a system under which a child who cannot reside with the child’s birth family may receive necessary services in a family-based alternative instead of an institution.” In 2002, HHSC awarded the contract to EveryChild, Inc. The contract has been renewed annually.

Overall, EveryChild, Inc.'s strategy for developing a system of family -based alternatives involves a number of interrelated elements:

- *Working with birth families or guardians* to help them feel comfortable in exploring family -based alternatives to institutions for their children.
- *Working with providers* to increase their interest and expertise in offering family -based alternatives in order to increase the state’s capacity to provide family-based alternatives to institutions.
- *Working with coordinators* including local authority service coordinators, permanency planners, case managers, and others who participate in permanency planning and waiver enrollments to assure the “best fit” of a family -based alternative with the child’s needs and the birth family’s/legally authorized representative’s preferences and to assure thorough preparation of families to care for children and transition planning to assure availability and adequacy of supports to ensure longevity of placement.
- *Working with policy and decision-makers* to increase awareness of barriers, work collaboratively to develop solutions, and promote systems change by providing technical assistance, training, and consultation that promotes a best-practices family -based alternatives model.

### **C. Activities and Accomplishments**

Over the 11 years of the family -based alternatives contract, dramatic changes have occurred in the number of children living in large facilities. EveryChild, Inc., has contributed significantly to

---

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

increased awareness and increased capacity to offer family-based alternatives, which is reflected in the significant reduction of children’s placements in large facilities reflected in this report.

Over the past five years, its efforts have shifted from direct work with children and families to more work at the policy level to affect the systemic change envisioned by the legislation. EveryChild, Inc., continues to work with a significant number of children and families/legally authorized representatives to understand experience in the field and inform recommendations. It has continued to provide intensive assistance and collaboration to facilitate children moving from facilities to families. The data below in Table 8 covers the fiscal year ending August 31, 2013.

**TABLE 8: CHILDREN MOVED TO FAMILIES FROM INSTITUTIONS OR DIVERTED FROM INSTITUTIONS WITH EVERYCHILD, INC., ASSISTANCE AS OF AUGUST 31, 2013**

<b>Children</b>	<b>FY 2003</b>	<b>FY 2004</b>	<b>FY 2005</b>	<b>FY 2006</b>	<b>FY 2007</b>	<b>FY 2008</b>	<b>FY 2009</b>	<b>FY 2010</b>	<b>FY 2011</b>	<b>FY 2012</b>	<b>FY 2013</b>	<b>Total</b>
Returned to Birth Families	2	1	4	8	20	12	11	8	8	11	9	<b>94</b>
Placed with Support Alternate Families	8	10	22	21	33	32	24	27	18	17	23	<b>235</b>
<b>Total</b>	<b>10</b>	<b>11</b>	<b>26</b>	<b>29</b>	<b>53</b>	<b>44</b>	<b>35</b>	<b>35</b>	<b>26</b>	<b>28</b>	<b>32</b>	<b>329</b>

EveryChild, Inc., has focused efforts on the state’s largest facilities and facilities with the largest number of children. Of the 329 children placed with its assistance since 2002, 244 (74 percent) were placed from large facilities. This information is provided in Table 9.

**TABLE 9: CHILDREN MOVED TO FAMILIES  
WITH EVERYCHILD, INC., ASSISTANCE AS OF AUGUST 31, 2013**

<b>Facility Type</b>	<b>Number of Children</b>
<b>Large Facility</b>	
Nursing Home	124
ICF	69
DFPS-Licensed ID Institution	37
State School	11
State Hospital	1
Residential Treatment Center	1
School for the Blind	1
<b>Large Sub-Total</b>	<b>244</b>
<b>Medium and Small</b>	
ICF Group Home (Medium or Small)	29
HCS Group Home	23
DFPS Group Home	3
<b>Medium and Small Sub-Total</b>	<b>55</b>
Diverted from Institutional Admission	30
<b>Grand Total</b>	<b>329</b>

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

*Working with Families and Guardians*

EveryChild, Inc., has contacted hundreds of families and guardians to explain options. Contacts have been made with families or guardians of children living in facilities as well as families who were at risk of placing their child in an institution. This contact has resulted in 299 children moving from a facility to a family home, 30 children being diverted from facility admission to an

---

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

alternate family home, and 48 institutionalized children whose families or guardians were exploring the possibility of moving to a family situation as of August 31, 2013.

***Working with Providers***

EveryChild, Inc., has sought to expand capacity to offer family-based alternatives by collaborating with provider organizations responsible by contract and/or licensure for recruiting, assessing, and training alternate families. It has collaborated closely with a range of providers to achieve family-based alternatives and grow their capacity and expertise. Collaborations with 64 providers have resulted in placements of 235 children with alternate (support) families. EveryChild, Inc., has worked with providers across state agencies and waiver types as reflected in Table 10.

**TABLE 10: PROGRAM FUNDING USED FOR CHILDREN WHO MOVED TO FAMILIES WITH EVERYCHILD, INC., ASSISTANCE AS OF AUGUST 31, 2013**

<b>Funding Source/ State Agency</b>	<b>Returned to Birth Family</b>	<b>Placed with Alternate Family</b>	<b>Total</b>
Community-Based Alternatives/DADS	3	-	<b>3</b>
Community Living Assistance and Support Services /DADS	23	5	<b>28</b>
Home and Community-Based Services/DADS	46	199	<b>245</b>
Medically Dependent Children Program /DADS	20	1	<b>21</b>
Title IV/DFPS	-	30	<b>30</b>
No Funding (non-permanent resident)	2	-	<b>2</b>
<b>Total</b>	<b>94</b>	<b>235</b>	<b>329</b>

***Positive Behavior Support***

One of the most frequent reasons for admission and continued stay in congregate care is challenging behavior. EveryChild Inc., has worked with providers to promote positive behavior support as an effective approach to working with children with challenging behavior. It has conducted comprehensive functional behavior assessments of six children this year to assist providers in finding and preparing families to care for children with challenging behavior and to assist in development of adequate transition plans. In total, EveryChild Inc., has conducted these

---

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

specialized functional behavior assessments for 63 children.

### ***Working with Coordinators***

EveryChild Inc., has sought to ensure appropriate supports are offered to enable movement of children from institutions to family homes by providing training, technical assistance, and consultation to coordinators across the state (including local authority service coordinators, permanency planners, case managers, and others who participate in permanency planning, waiver enrollments, and subsequent placement transition planning and activities). On average, it interacted with 77 coordinators per month for this fiscal year.

### ***Working with Policy and Decision-Makers***

EveryChild Inc., has been a frequent participant and contributor in state agency workgroups and stakeholder forums for children with special needs. It has become a valued resource with expertise across systems and waivers.

The appointment of EveryChild Inc., to key advisory committees includes the following:

- Promoting Independence Advisory Committee – Children’s Representative
- Star Kids Advisory Committee—Appointed Chairperson
- Task Force for Children with Special Needs Crisis Prevention and Intervention Subcommittee
- Children’s Policy Council – Advocacy Organization Representative

EveryChild, Inc actively participated in a number of state agency stakeholder groups during the fiscal year and provided recommendations to improve the system to enable children with disabilities to live in family-based alternatives. The expertise of EveryChild, Inc., in these forums contributed to significant policy changes and recommendations reflected in key advisory committee reports. Input included recommendations regarding intensive in-home behavioral supports, crisis intervention, the redesign of Medicaid acute and long term services for children, and alternatives to voluntary relinquishment. Appendices B and C describe the activities of EveryChild, Inc. to inform policy and decision-makers about issues related to the development of family-based alternatives for children.

EveryChild, Inc., engaged in a variety of training and technical assistance activities during the reporting year which included presentations to parent groups, provider organizations, advisory committees, advocacy organizations, and legislators. Detailed information on EveryChild, Inc.'s training and technical assistance services for the reporting year can be found in Appendix D.

## SYSTEM PROGRESS, CHALLENGES, AND OPPORTUNITIES

Progress in providing family-based alternatives for children with developmental disabilities, as well as the challenges to its continuation, and opportunities for furtherance, is noted below for the reporting period of March 1, 2013, through August 31, 2013.

### A. System Progress

Significant progress has been made in family-based alternative care in the past 11 years. More than 4,700 children have moved from facilities to families as a result of increased interest, capacity, and expertise. There has been a dramatic reduction in the number of children living in large facilities. Of note, there are no minor children living in large ICF/IID (excluding SSLCs) and the number of minor children living in nursing facilities has been reduced from 234 as of August 31, 2002, to 70 as of August 31, 2013.

Families and guardians have been enabled to choose family-based care instead of institutional care due to access to substantially increased numbers of Medicaid waiver program slots, appropriated through legislative action to divert admissions and reduce interest lists and through riders targeting the most appropriate waiver for institutionalized children.

Through legislative action children living in large facilities operated by DFPS were determined to be a priority group for the Promoting Independence Plan and provided funding for 1915(c) Medicaid waivers to enable family-based care.

Interest and capacity of the provider community in offering family-based alternatives continues to increase. Availability of resources dedicated to the development of family-based alternatives has significantly contributed to progress and the positive contribution of EveryChild, Inc., has been widely acknowledged.

### B. Challenges to Continued Progress

Challenges to family-based care include multiple issues, such as adequate support services, transition planning, and access. Children with behavioral challenges represent the largest proportion of institutional residents. Supports and services are often not adequate or readily available to enable longevity of placement with a family. Responsibility for transition planning is fragmented across multiple parties which results in variable quality.

Despite the overall decrease in the number of children in institutions, institutions continue to admit children. There is a lack of short-term community-based crisis support services to prevent admissions to institutions. Children who live with families are at risk of institutionalization when they age out of children's Medicaid and are no longer eligible for certain Medicaid services for individuals under age 21, specifically private duty nursing.

A small but significant number of children, families, or legally authorized representatives have had minimal or no contact, have not participated in permanency planning, or live a significant distance from the child.

---

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

### **C. Opportunities for Further Progress**

The opportunities which will further family-based alternatives for children with developmental disabilities include:

- Assure children with behavior support needs have access to supports that are comparable in intensity to supports available for children with medical needs.
- Develop more intensive and creative ways to support children with behavioral support needs in family homes including funding for positive behavior support specialists, in-home behavior support aides, and statewide training for families and professionals in positive behavior support.
- Improve collaboration between mental health services and developmental disability services for children with a dual diagnosis.
- Explore ways to apply the money-follows-the-person approach used for nursing homes to ICF/IID that serve children.
- Assure all waivers include a component for alternate families.
- Assure that the state's 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 institutions.

## Appendix B

### EVERYCHILD, INC., INPUT TO STATE AGENCY STAKEHOLDER GROUPS

EveryChild, Inc., provided input to Health and Human Services agencies stakeholder groups in a number of areas affecting the development of family-based alternatives during the fiscal year which contributed to policy changes reflected in various reports and actions.

Agency	Forum	Input Related to Children's Services
<b>DADS</b>	<p>Intellectual and developmental disabilities (IDD) System Improvement Stakeholder meetings</p> <p>Home and Community Support Service Agency Stakeholder Group</p> <p>Balancing Incentive Program Advisory Committee</p> <p>Waiver Renewal Stakeholder Meetings</p> <p>Community Interest List Stakeholder Meetings</p> <p>Community Transition Team Stakeholder meetings</p> <p>Prescribed Pediatric Extended Care Centers Stakeholder meetings</p>	<ul style="list-style-type: none"> <li>• Alternatives to institutionalization</li> <li>• Behavior supports</li> <li>• Provider development</li>   <li>• Administrative efficiencies</li> <li>• Provider development</li> <li>• Consumer protections</li>   <li>• Behavior supports</li> <li>• Care coordination</li> <li>• Expertise on children's services</li>   <li>• Strengthening of family based alternatives</li> <li>• Behavior supports including in-home supports</li> <li>• Flexible family supports</li>   <li>• Diversion for individuals at risk of institutionalization</li>   <li>• Supports for individuals moving from facilities</li>   <li>• Development of licensure rules</li> </ul>
<b>DADS and DFPS</b>	Promoting Independence Advisory Committee's Subcommittee on Children in DFPS facilities	<ul style="list-style-type: none"> <li>• Access to HCS waivers for children living in DFPS facilities</li> <li>• Inclusion of children in facilities as part of Promoting Independence</li> </ul>
<b>DSHS, DFPS, and HHSC</b>	Workgroup for S.B. 44, 83 <sup>rd</sup> Legislature, Regular Session, 2013	<ul style="list-style-type: none"> <li>• Alternatives to voluntary relinquishment of children for the purpose of obtaining mental health treatment</li> </ul>

<b>HHSC</b>	Medicaid Policy Meetings	<ul style="list-style-type: none"><li>• Service Coordination</li><li>• Assessments</li><li>• Provider Networks</li><li>• Hospital Level of Care</li><li>• Personal Care Services</li><li>• Therapy</li><li>• Durable Medical Equipment</li></ul>
-------------	--------------------------	--

## Appendix C

### EVERYCHILD, INC., INPUT TO POLICY CHANGE

EveryChild, Inc., provided input in a number of areas affecting the development of family-based alternatives during the fiscal year which contributed to policy changes reflected in various reports and actions.

<b>Issue</b>	<b>Recommendation</b>	<b>Evidence of Policy Change in Reports or Actions</b>
Intensive in-home behavioral supports	Provide intensive in-home supports to families of children and young adults at risk of institutionalization and those exiting institutions	<ul style="list-style-type: none"> <li>• Task Force for Children with Special Health Care Needs</li> <li>• Balancing Incentive Program</li> <li>• Promoting Independence Advisory Committee Legislative Report</li> <li>• Children’s Policy Council Legislative Report</li> </ul>
Crisis intervention	Develop regional crisis intervention teams to support children and young adults with complex behavioral or medical needs to remain safely in the community	<ul style="list-style-type: none"> <li>• S.B. 7, 83<sup>rd</sup> Legislature, Regular Session, 2013</li> <li>• Home and Community-Based Services waiver renewal</li> </ul>
Positive Behavior Support training	Provide training of professionals, direct care workers, and families on positive behavior support to increase quality of life, decrease challenging behavior and prevent more costly and intensive services in the future	<ul style="list-style-type: none"> <li>• Community Living Assistance and Support Services waiver renewal</li> <li>• 1115 Medicaid Transformation waiver projects</li> </ul>
Family-based alternatives to institutionalization	<p>Assure family-based alternatives in all Medicaid waivers serving children</p> <p>Provide access to HCS waivers for children living in General Residential Operations licensed by DFPS and include children living in the facilities as part of Promoting</p>	<ul style="list-style-type: none"> <li>• Promoting Independence Advisory Committee Stakeholder Report</li> <li>• Promoting Independence Advisory Committee Stakeholder Report</li> <li>• S.B. 49, 83<sup>rd</sup> Legislature,</li> </ul>

Issue	Recommendation	Evidence of Policy Change in Reports or Actions
	Independence Priority population	Regular Session, 2013 <ul style="list-style-type: none"> <li>• S.B. 1, 83<sup>rd</sup> Legislature, Regular Session, 2013</li> </ul>
Medicaid Managed Care	Ensure that STAR Kids includes <ul style="list-style-type: none"> <li>• strong network of providers</li> <li>• comprehensive family centered assessments</li> <li>• effective holistic care coordination</li> <li>• patient centered medical homes</li> <li>• flexible family supports</li> </ul>	<ul style="list-style-type: none"> <li>• S.B. 7, 83<sup>rd</sup> Legislature, Regular Session, 2013</li> <li>• Children’s Policy Council Legislative Subcommittee recommendations</li> </ul>
Alternatives to Voluntary Relinquishment	Develop alternatives to voluntary relinquishment of children for the sole purpose of accessing mental health treatment	<ul style="list-style-type: none"> <li>• S.B. 44, 83<sup>rd</sup> Legislature, Regular Session, 2013</li> <li>• Children’s Policy Council Legislative Report</li> <li>• Funding of short term in-patient treatment to prevent relinquishment</li> </ul>
Supports for children with dual diagnosis of mental health condition and developmental disabilities	Expand Youth Empowerment Services (YES) waiver  Better coordination between DSHS and DFPS	<ul style="list-style-type: none"> <li>• Children’s Policy Council Legislative Report</li> <li>• Promoting Independence Advisory Committee Stakeholder Report</li> <li>• Appropriations Bill from 83<sup>rd</sup> Texas Legislature</li> <li>• Children’s Mental Health Forum stakeholder group</li> <li>• S.B. 44, 83<sup>rd</sup> Legislature, Regular Session, 2013</li> </ul>
Intensive in-home supports for adults aging out of the Medicaid Private Duty Nursing	Develop a hospital level of care waiver that supports adults with intensive medical needs to remain living in the community after they turn 21	<ul style="list-style-type: none"> <li>• S.B. 7, 83<sup>rd</sup> Legislature, Regular Session, 2013</li> </ul>

## Appendix D

### TRAINING AND TECHNICAL ASSISTANCE PROVIDED BY EVERYCHILD, INC.

EveryChild, Inc., engaged in a variety of training and technical assistance activities during the reporting year.

Audience	Training or Technical Assistance Topic
Texas Council on Developmental Disabilities	<ul style="list-style-type: none"> <li>• History of permanency planning and reduction in use of institutions by children</li> </ul>
Disability Policy Consortium	<ul style="list-style-type: none"> <li>• History of permanency planning and reduction in use of institutions</li> </ul>
Children's Mental Health Forum	<ul style="list-style-type: none"> <li>• Children with dual diagnoses of intellectual and developmental disabilities (IDD) and mental health conditions</li> </ul>
Parent-to-Parent Annual Conference	<ul style="list-style-type: none"> <li>• Positive Behavior Support</li> <li>• Medicaid and Waivers</li> </ul>
Task Force on Children with Special Needs	<ul style="list-style-type: none"> <li>• In-home behavior supports and training for families</li> <li>• Positive Behavior Support</li> </ul>
Crisis Prevention and Intervention Subcommittee of the Task Force on Children with Special Needs	<ul style="list-style-type: none"> <li>• Positive Behavior Support</li> </ul>
Special Needs Network Annual Conference	<ul style="list-style-type: none"> <li>• Community supports and Medicaid waivers</li> </ul>
Children's Policy Council	<ul style="list-style-type: none"> <li>• Care coordination</li> <li>• Legislative briefing on behavior support and crisis intervention teams</li> </ul>
Promoting Independence Advisory Committee	<ul style="list-style-type: none"> <li>• Inclusion of family-based alternatives in all waivers serving children</li> </ul>
Senate Health and Human Services Committee	<ul style="list-style-type: none"> <li>• S.B. 49, 83<sup>rd</sup> Legislature, Regular Session, 2013, regarding inclusion of children in DFPS General Residential Operations facilities as priority population in promoting independence plan</li> </ul>
DADS Advisory Committee	<ul style="list-style-type: none"> <li>• Decreasing nursing facility use by children using well-supported family-based alternatives</li> <li>• Increasing supports for children with behavior challenges</li> </ul>

HHSC Consumer Directed Services Workgroup	<ul style="list-style-type: none"><li>• Implications for children from roll out of Medicaid managed care</li></ul>
DADS Providers	<ul style="list-style-type: none"><li>• Positive Behavior Support</li></ul>
Private Providers Association of Texas Annual Conference	<ul style="list-style-type: none"><li>• Model of intensive support for host families</li></ul>
Providers Association of Community Services Annual Conference	<ul style="list-style-type: none"><li>• Model of intensive support for host families</li></ul>