



# **Permanency Planning and Family-based Alternatives**

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**As Required by  
Texas Government Code,  
Section 531.060(o) and Section  
531.162(b)**

**Health and Human Services**

**January 2024**



**TEXAS**  
Health and Human  
Services

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## Executive Summary

Texas Government Code Section 531.153(a) requires permanency planning for Texas children with an intellectual or developmental disability under age 22 living in institutions.<sup>1</sup> The desired outcome of permanency planning is for Texas children to receive family support in a permanent living arrangement which has as its primary feature an enduring and nurturing parental relationship. This report contains annual reporting from September 1, 2022 – August 31, 2023, which is fiscal year (FY) 23.

As of August 31, 2023, 984 children were living in all types of institutions, representing a 38 percent decrease since permanency planning was implemented in 2002, or a 65 percent decrease if children served in the Home and Community-based Services (HCS) waiver program are excluded. Of the 984 children living in institutions:

- The majority (71 percent) were young adults, ages 18 to 21.
- More than half (55 percent) were in the HCS waiver program.
- A relatively small number (nine percent) resided in a nursing facility.
- The majority (91 percent) had a current permanency plan.

Specialized supports provided through 1915(c) waiver programs, including HCS, help children transition from living in institutions to either living with their families or in family-based alternatives, which is a family-like setting. From September 1, 2022, to

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<sup>1</sup> Institution means long-term residential settings that serve from three to several hundred residents. HCS group homes serving no more than four residents are included in this definition. Section 531.151(3) of the Government Code defines "institution" as follows: (A) an ICF-IID, as defined by Section 531.002, Health and Safety Code; (B) a group home operated under the authority of the commission, including a residential service provider under a Medicaid waiver program authorized under Section 1915(c) of the federal Social Security Act (42 U.S.C. Section 1396n), as amended, that provides services at a residence other than the child's home or agency foster home; (C) a nursing facility; (D) a general residential operation for children with an intellectual disability that is licensed by the commission; or (E) another residential arrangement other than a foster home as defined by Section 42.002, Human Resources Code, that provides care to four or more children who are unrelated to each other.

August 31, 2023, 75 children transitioned from institutions, with the majority moving to live with their families or to a family-based alternative.

Since 2002, the Health and Human Services Commission's (HHSC) contractor, EveryChild, Inc.,<sup>2</sup> has assisted 786 children to move or divert from an institution.

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<sup>2</sup> HHSC released the first request for proposal (RFP) to identify a contractor in 2002, followed by additional RFPs in 2007, 2015 and 2021.

# 1. Introduction

This report addresses requirements in Texas Government Code Sections 531.162(b) and 531.060(o).

Section 531.162(b) requires HHSC to submit a semiannual report on permanency planning to the Governor and committees of each house of the Legislature with primary oversight jurisdiction over health and human services agencies. The report must include the:

- Number of children residing in institutions in Texas and the number of those children for whom a recommendation has been made for transition to a community-based residence but who have not yet made the transition;
- Circumstances of each child, including the type 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;
- Number of permanency plans developed for children residing in institutions, the progress achieved in implementing those plans, and barriers to implementing those plans;
- Number of children who previously resided in an institution and have made the transition to a community-based residence;
- Number of children who previously resided in an institution and have been reunited with their families or placed with alternate families;
- Community supports that resulted in the successful placement of children with alternate families; and
- Community support services that are unavailable but necessary to address the needs of children who continue to reside in an institution in Texas after being recommended to move from the institution to an alternate family or community-based residence.

Section 531.060(o) requires HHSC to submit a report on family-based alternatives annually, by January 1, to the Legislature. The report must include the:

- Number of children currently receiving care in an institution;
- Number of children placed in a family-based alternative under the system during the preceding year;

- Number of children who left an institution during the preceding year under an arrangement other than a family-based alternative under the system or for another reason unrelated to the availability of a family-based alternative under the system;
- Number of children waiting for an available placement in a family-based alternative under the system; and
- Number of alternative families trained and available to accept placement of a child under the system.

This report uses data from September 1, 2022 to August 31, 2023, and includes cumulative data and other relevant historical information for evaluative purposes. Data may be subject to timing and other limitations. Data from the former Department of Aging and Disability Services (DADS) is included as HHSC data.

## 2. Background

Texas Government Code, Section 531.153(a) requires HHSC to develop procedures to ensure each child residing in an institution receives permanency planning. Section 531.151(4) 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 state's permanency planning policy in Section 531.152 is "...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."

In accordance with Section 531.151, permanency planning applies to individuals with developmental disabilities under age 22 residing in any of the following long-term care settings:

- Small, medium, and large community intermediate care facilities for individuals with an intellectual disability or related conditions (ICF/IID).
- State supported living centers (SSLCs).
- HCS group homes (i.e., supervised living or residential support).
- Nursing facilities.
- General Residential Operations (GRO).

Permanency planning recognizes two options for a child transitioning to family life:

- Returning to the family<sup>3</sup>; or
- Moving to a family-based alternative, a family-like setting in which a trained provider offers support and in-home care for children with disabilities or children who are medically fragile.<sup>4</sup>

While permanency planning for minor children (ages birth-17) focuses on family life, permanency planning for young adults (ages 18-21) acknowledges another

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<sup>3</sup> Title 26, Texas Administrative Code (TAC), Chapter 263, Section 263.902(c)(1)(A)

<sup>4</sup> 26 TAC §263.902(c)(1)(B)

community living arrangement (e.g., one's own apartment) may be a more appropriate, adult-oriented goal towards independence.

The planning process also recognizes permanency goals may change over time if the perspective of a parent or legally authorized representative (LAR) changes following fuller exploration, exposure to alternatives, or if there are changes in family circumstances.<sup>5</sup>

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<sup>5</sup> 26 TAC §263.902(g)(2) (requiring reviews of permanency plans every six months)



### 3. Permanency Planning

Permanency planning, as a philosophy, refers to the goal of family life for children. The permanency planning process refers to the development of strategies and marshalling of resources to reunite a child with his or her family (e.g., birth or adoptive) or achieve permanent placement with an alternate family. Families and children participate in the process to help identify options and develop services and supports necessary for the child to live in a family setting. The Permanency Planning Instrument (PPI)<sup>6</sup> captures the status of a child's permanency plan at the time of a semiannual review. The following information is based on aggregated data from PPIs completed as of August 31, 2023.

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<sup>6</sup> HHS Form 2260 - <https://www.hhs.texas.gov/laws-regulations/forms/2000-2999/form-2260-permanency-planning-instrument-ppi-children-under-22-years-age-family-directed-plan>.

## Number of Children Residing in Institutions

Table 1 shows the total number of children living in institutions by institution type as of August 31, 2023.

**Table 1. Number of Children in Institutions, HHSC and DFPS Combined as of August 31, 2023**

Institution type	Ages 0-17	Ages 18-21	Total
Nursing Facility	46	40	86
Small ICF/IID	14	123	137
Medium ICF/IID	1	21	22
Large ICF/IID	2	5	7
SSLC	41	99	140
HCS	140	402	542
General Residential Operation	42	8	50
<b>Total</b>	<b>286</b>	<b>698</b>	<b>984</b>

Data shows 679 children (69 percent of the 984) resided in a setting with eight or fewer residents.<sup>7</sup> Of those 679 children, 154 (23 percent) were minors, and 525 (77 percent) were young adults ages 18 through 21.

Institutions with more than eight residents served 305 children (31 percent of the 984). Of those 305 children, 132 (43 percent) were minors, and 173 (57 percent) were young adults.

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<sup>7</sup> Findings based on combining data from children in small ICFs/IID, which are group homes licensed to serve up to eight residents, and HCS, which represents small group homes serving up to four residents.

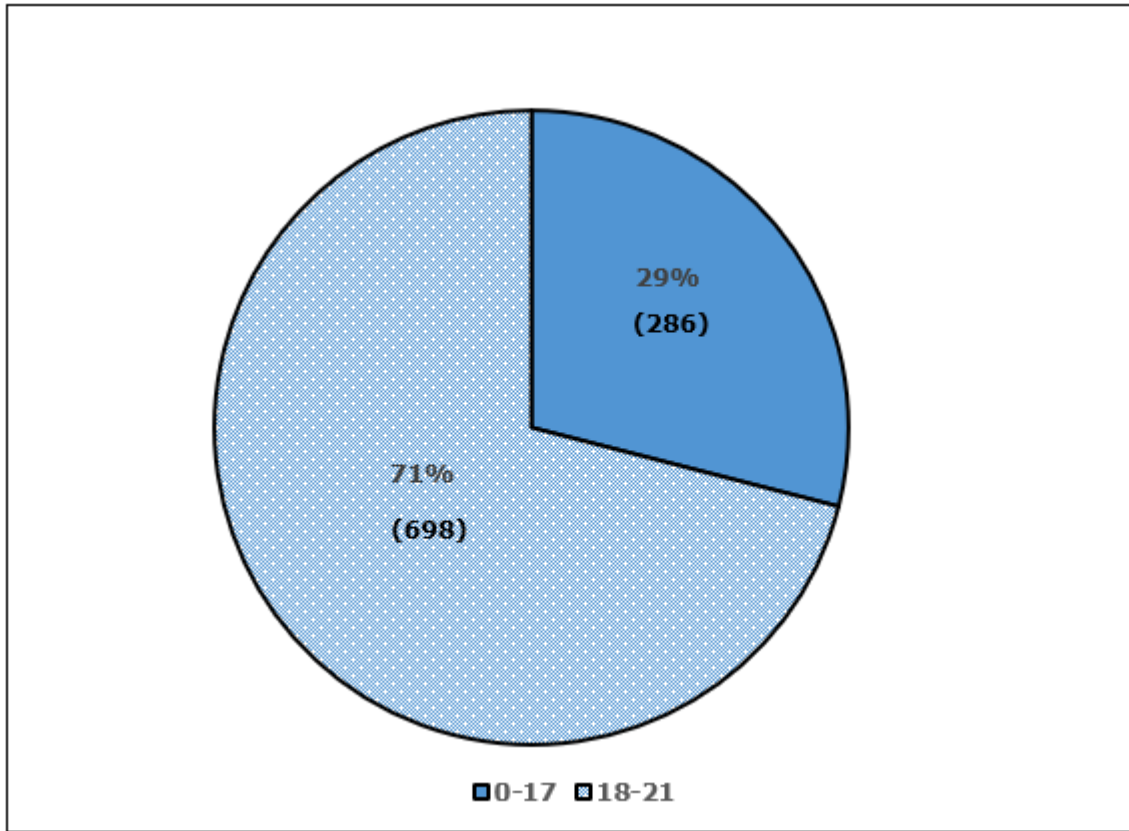
Table 7, later in this report, provides additional information on the number of children for whom a recommendation has been made for transition to a family-based alternative but who have not yet made the transition.

## **Circumstances of Children Residing in Institutions**

The following figures provide summary information on children residing in institutions.

Figure 1 shows the age distribution of children residing in institutions operated by or under the authority of HHSC or DFPS. As shown in Figure 1, the majority were young adults (18-21) as of August 31, 2023.

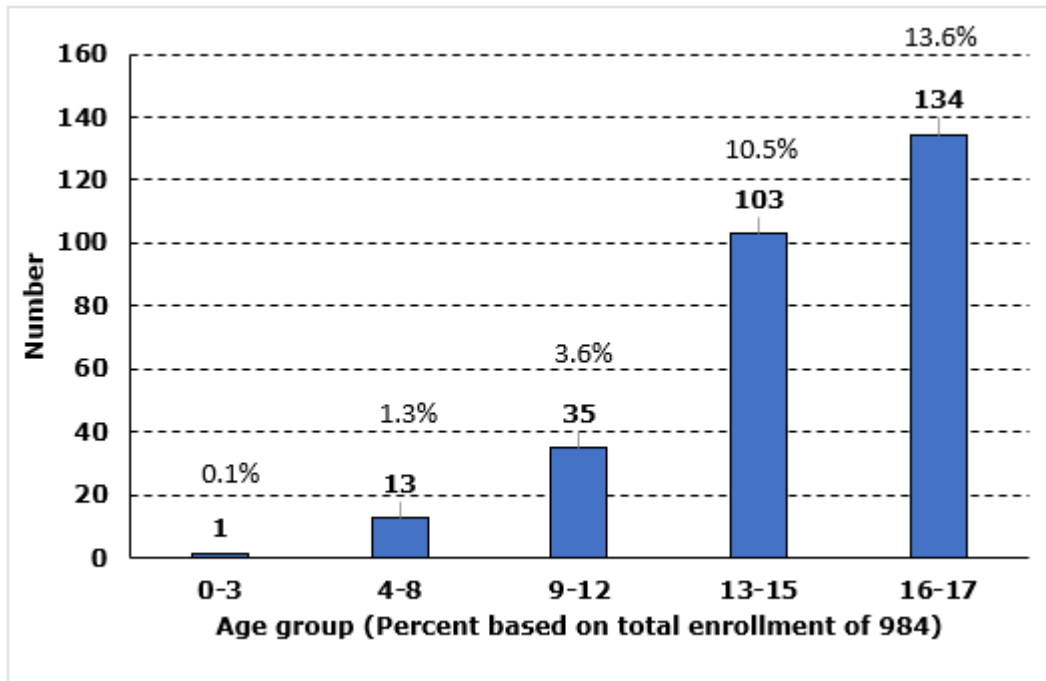
**Figure 1. Age Distribution of Children Residing in Institutions, HHSC and DFPS Combined as of August 31, 2023**



Age Distribution	Number	Percentage
0 - 17	286	29%
18 - 21	698	71%

Figure 2, below, shows the breakdown of the 286 minors by age group, number and percent in institutions for HHSC and DFPS combined based on total enrollment of all children residing in institutions. The largest number of minors were between 16-17 years of age.

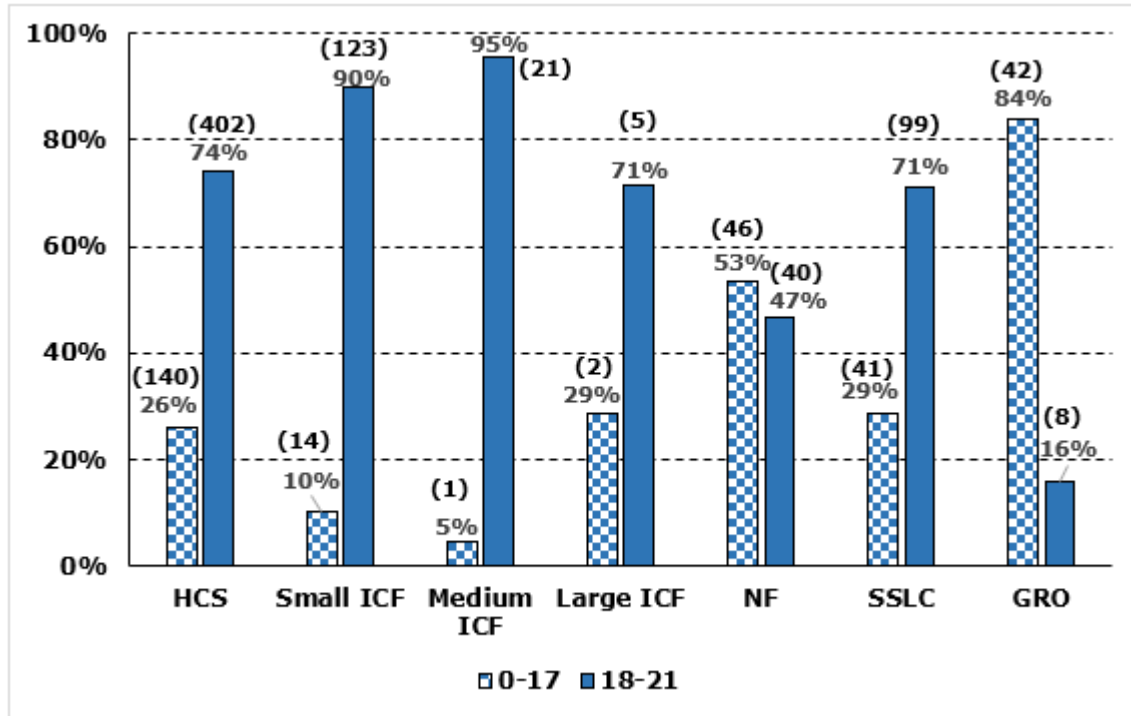
**Figure 2. Age Distribution of Minors in Institutions, HHSC and DFPS Combined as of August 31, 2023**



Age Group	Number	Percentage
0-3	1	0.1%
4-8	13	1.3%
9-12	35	3.6%
13-15	103	10.5%
16-17	134	13.6%

Figure 3, below, shows a higher percentage of young adults than minors in all institutions, except nursing facilities and GROs. Compared to all other institutions, the percent of young adults in medium ICF/IIDs was the highest (95 percent). There are more minors and young adults served in HCS group homes than in any other institution.

**Figure 3. Age of Children by Institution Type, HHSC and DFPS Combined as of August 31, 2023**

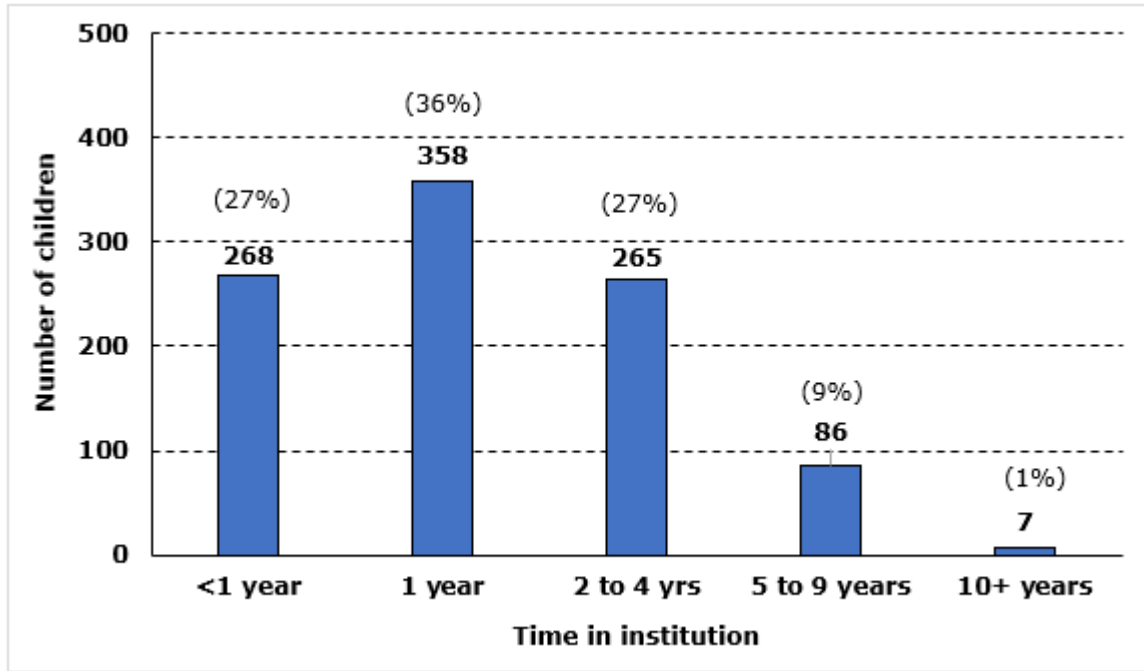


Institution type	Ages 0-17		Ages 18-21	
	Number	Percentage	Number	Percentage
Nursing Facility	46	53%	40	47%
Small ICF	14	10%	123	90%
Medium ICF	1	5%	21	95%
Large ICF	2	29%	5	71%
SSLC	41	29%	99	71%
HCS	140	26%	402	74%
GRO	42	84%	8	16%

Figure 4, below, summarizes length of stay (LOS) in all institution types combined. The LOS was calculated using the date of the child’s most recent admission to the institution and the end of the reporting period if the child was still in the program on that date.

As the figure shows, 27 percent of the children had a LOS of less than one year and only ten percent had a LOS of five years or more.

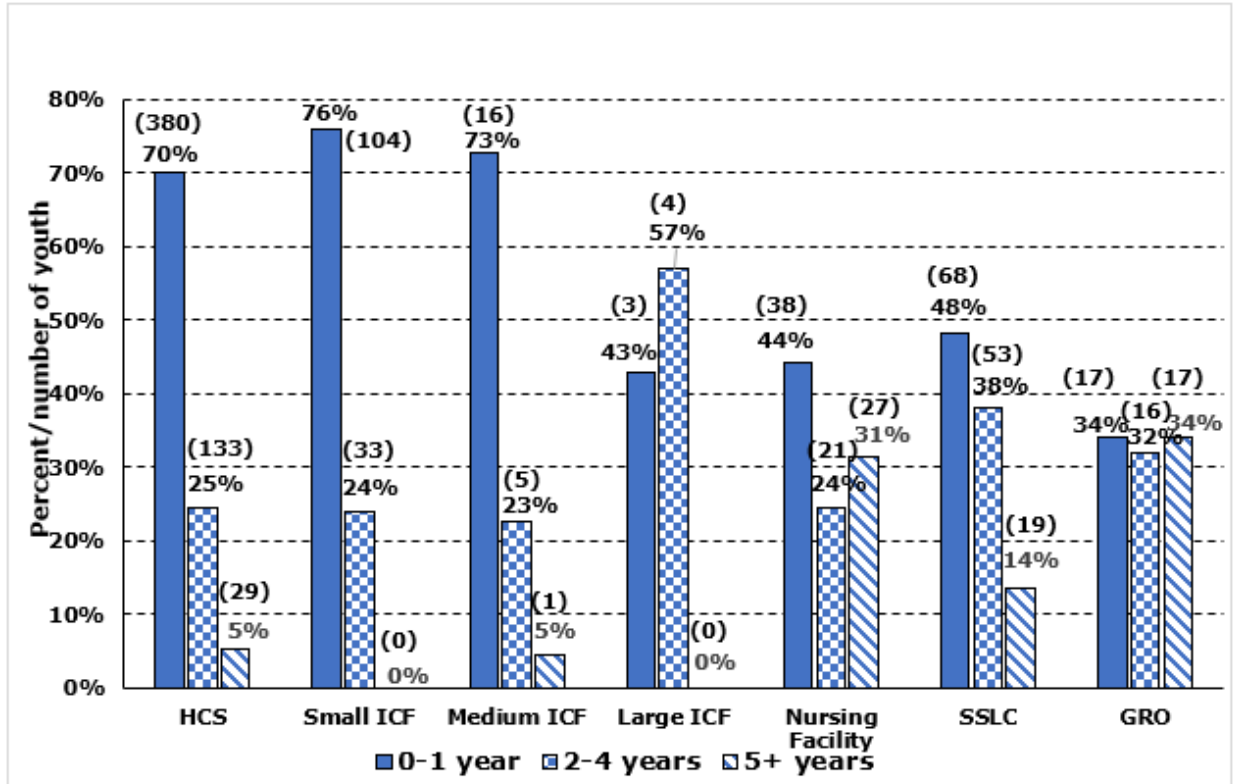
**Figure 4. Length of Stay in Institutions, HHSC and DFPS Combined as of August 31, 2023**



Time in Institution	Number	Percentage
<1 Year	268	27%
1 Year	358	36%
2 to 4 yrs	265	27%
5 to 9 years	86	9%
10+ years	7	1%

Figure 5, below, shows most children within each type of institution had a LOS of one year or less in their most recent placement, with small ICF/IIDs having the highest percent (76 percent) and GROs having the lowest percent (34 percent). Nursing facilities served the largest percent of children with a LOS of five or more years (34 percent). There were no children in large ICF/IIDs and only one child in a medium ICF/IID with a LOS of five or more years.

**Figure 5. Length of Stay in Years by Type of Institution as of August 31, 2023**



Institution type	0 - 1 year	0 - 1 year	2 - 4 years	2 - 4 years	5+ years	5+ years
	Number	Percentage	Number	Percentage	Number	Percentage
HCS	380	70%	133	25%	29	5%
Small ICF	104	76%	33	24%	0	0%
Medium ICF	16	73%	5	23%	1	5%
Large ICF	3	43%	4	57%	0	0%
Nursing Facility	38	44%	21	24%	27	31%
SSLC	68	48%	53	38%	19	14%
GRO	17	34%	16	32%	17	34%



## Permanency Plans Developed for Children in Institutions

Texas Government Code Sections 531.153 and 531.159 require HHSC to develop procedures to ensure children in institutions have permanency plans developed and updated semi-annually. As shown in Table 2, HHSC assigns the responsibility for developing and updating permanency plans based on where children reside.

**Table 2. Responsibility for Permanency Plans, by Residence Type**

Residence Type	Responsible Party
HCS and ICF/IID <sup>8</sup>	Service coordinators employed by local intellectual and developmental disability authorities (LIDDAs)
GRO	Developmental disability specialists employed by DFPS
Nursing Facilities	EveryChild, Inc. <sup>9</sup> staff

Table 3 reflects the number of children for whom a permanency plan was completed during the reporting period by type of institution. Plans were completed for most children. The lack of a permanency plan for the remaining nine percent of children is attributed to a delay in data entry for a completed plan or the timing of an admission (e.g., if a child is admitted to an institution on or immediately before the last day of the reporting period).

<sup>8</sup> This includes SSLCs.

<sup>9</sup> EveryChild, Inc. is the HHSC contractor.

**Table 3. Permanency Plans Completed as of August 31, 2023**

<b>Institution Type</b>	<b>Number of Children in Institutions</b>	<b>Number of Permanency Plans Completed</b>	<b>Percent of Permanency Plans Completed</b>
<b>Nursing Facility</b>	86	86	<b>100%</b>
<b>Small ICF/IID</b>	137	124	<b>91%</b>
<b>Medium ICF/IID</b>	22	20	<b>91%</b>
<b>Large ICF/IID</b>	7	7	<b>100%</b>
<b>SSLC</b>	140	127	<b>91%</b>
<b>HCS Group Homes</b>	542	478	<b>88%</b>
<b>General Residential Operation</b>	50	50	<b>100%</b>
<b>Total</b>	<b>984</b>	<b>892</b>	<b>91%</b>

## **Number of Available Family-based Alternatives**

Texas Government Code Section 531.060 (b) encourages parental participation in planning and recognizes parental or LAR authority for decisions regarding living arrangements. Goals established during the planning process reflect the direction in which permanency planning is moving. While every effort is made to encourage reunification with the child’s family, families or LARs are sometimes unable to bring the child home. In those situations, the preferred choice for a child may be a family-based alternative. HHSC contracts with EveryChild, Inc. to develop and foster potential family-based alternatives. EveryChild, Inc. works with HHSC, DFPS, and their partners (e.g., waiver program providers and child placement agencies) to help children in institutions move back home or to a family-based alternative.

Since 2002, EveryChild, Inc., has identified over 2,250 potential alternate families. As of August 31, 2023, 750 alternate families were actively associated with a HCS

provider. From September 1, 2022 – August 31, 2023, EveryChild, Inc. has directly assisted a total of 325 children in various capacities.

EveryChild, Inc. continues to explore family-based options for children living in institutional settings.

## **Community Supports Resulting in Successful Return Home or to a Family-based Alternative**

Children returning home or moving to a family-based alternative often require specialized community supports identified during the permanency planning process as part of the PPI. Some supports are architectural modifications, behavioral intervention, mental health services, durable medical equipment, personal assistance, and specialized therapies. Supports vary by type, frequency, and intensity and are provided a variety of ways depending on needs of the child and family or LAR.

A combination of Texas Medicaid State Plan and waiver program services provide the supports needed by children moving from an institution. Not all waiver programs serving children have access to all of the services needed for them to live with their families or in a family-based alternative.<sup>10</sup> Additionally, services may be subject to limitations related to service access or availability.<sup>11</sup> Table 5 shows many of the available services<sup>12</sup> and includes Medicaid State Plan and waiver program services used by one or more children leaving an institution. The HCS program stands out because it includes “host home/companion care” services, where children are given the opportunity to live with an alternate family when living with their own family is not an option.

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<sup>10</sup> For example, a child participating in the Medically Dependent Children’s Program may need behavioral services to remain at home, but behavioral services are not provided in this program.

<sup>11</sup> For example, a child living in a rural area may be authorized to receive behavioral supports, but a service authorization does not ensure availability of locally trained and qualified professionals.

<sup>12</sup> The service array in a waiver program is subject to change based on federal requirements and approval by the Centers for Medicare and Medicaid Services (CMS).

**Table 4. Texas Medicaid Waiver Services by Program<sup>13</sup>**

<b>Specialized Supports</b>	<b>HCS</b>	<b>Medically Dependent Children Program</b>	<b>Community Living Assistance and Support Services</b>	<b>Deaf Blind with Multiple Disabilities</b>	<b>Texas Home Living</b>	<b>STAR+ PLUS</b>
<b>Adaptive aids</b>	Yes	Yes	Yes	Yes	Yes	Yes
<b>Behavioral support</b>	Yes	No	Yes	Yes	Yes	No
<b>Community First Choice</b>	Yes	No	Yes	Yes	Yes	Yes
<b>Community support services</b>	No	No	No	No	No	No
<b>Day habilitation/ Individualized skills and socialization</b>	Yes	No	No	Yes	Yes	No
<b>Dental</b>	Yes	No	Yes	Yes	Yes	Yes
<b>Employment assistance</b>	Yes	Yes	Yes	Yes	Yes	Yes

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<sup>13</sup> Effective March 20, 2016, transportation is the only billable activity for the following services: community support services, residential habilitation, and supported home living. Community First Choice replaced community support services and supported home living services. Effective March 1, 2023, individualized skills and socialization replaced day habilitation. Day habilitation remains on this list as both services were utilized during FY 2023.

<b>Specialized Supports</b>	<b>HCS</b>	<b>Medically Dependent Children Program</b>	<b>Community Living Assistance and Support Services</b>	<b>Deaf Blind with Multiple Disabilities</b>	<b>Texas Home Living</b>	<b>STAR+ PLUS</b>
<b>Flexible family support</b>	No	Yes	No	No	No	No
<b>Host home/ companion care</b>	Yes	No	No	No	No	No
<b>Minor home modifications</b>	Yes	Yes	Yes	Yes	Yes	Yes
<b>Nursing</b>	Yes	No	Yes	Yes	Yes	Yes
<b>Professional therapies</b>	Yes	No	Yes	Yes	Yes	Yes
<b>Residential habilitation</b>	No	No	Yes	Yes	No	No
<b>Respite</b>	Yes	Yes	Yes	Yes	Yes	Yes
<b>Specialized therapies</b>	No	No	Yes	No	No	No
<b>Supported employment</b>	Yes	Yes	Yes	Yes	Yes	Yes
<b>Supported home living</b>	No	No	No	No	No	No
<b>Transition assistance services</b>	Yes	Yes	Yes	Yes	Yes	Yes

## 4. Permanency Planning Summary and Trend Data

Longitudinal data demonstrates the success of permanency planning, with the number of children moving from institutions to smaller family-like settings (e.g., the child's home or a family-based alternative) continuing to increase.

Table 6, below, provides the number of children residing in institutions at three points in time and the percentage change. Within the past six months, the number of children in all institution types (including HCS group homes) increased by three percent; and the number of children in all institution types excluding HCS increased by two percent. Compared to August 31, 2002, the number of children in all institution types (including HCS group homes) decreased by 38 percent, and the number of children in all institution types excluding HCS decreased by 65 percent.

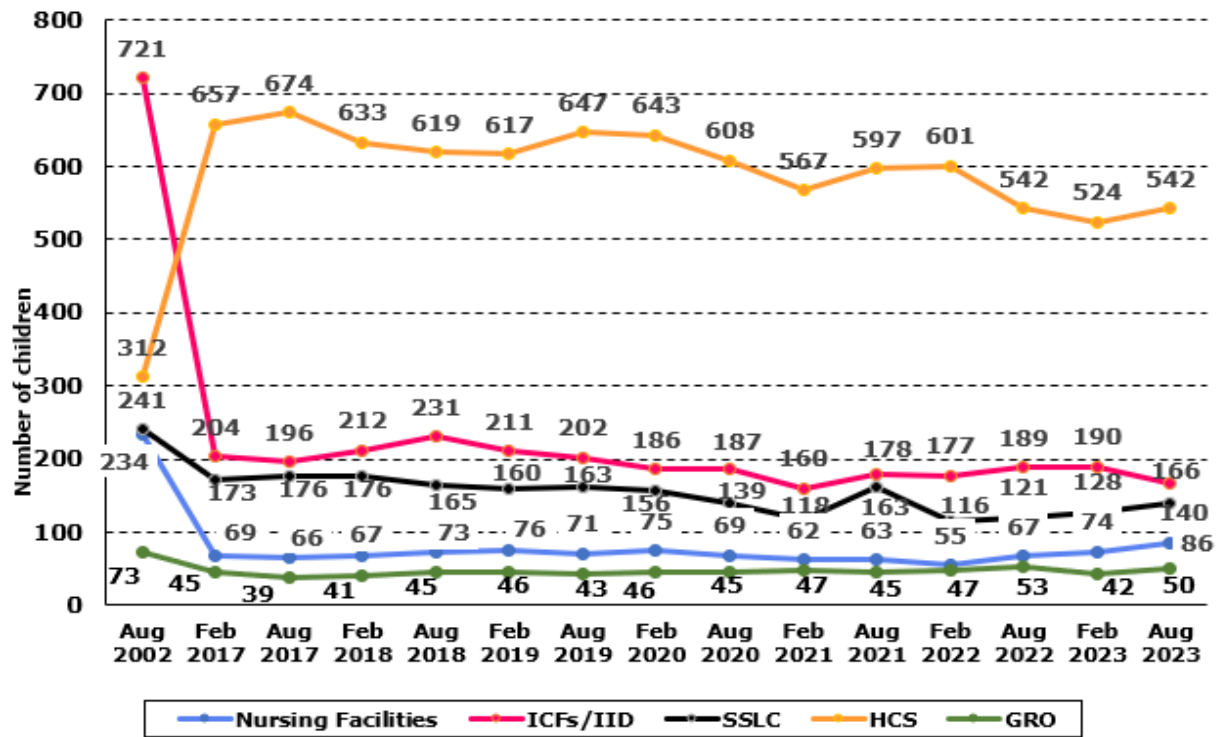
**Table 5. Trends in the Number of Children by Institution, HHSC and DFPS Combined as of August 31, 2023**

<b>Institution Type</b>	<b>Baseline Number as of August 31, 2002</b>	<b>Number as of February 28, 2023</b>	<b>Number as of August 31, 2023</b>	<b>Percent Change Since August 2002</b>	<b>Percent Change in Past Six Months</b>
<b>Nursing Facilities</b>	234	74	86	-63%	<b>14%</b>
<b>Small ICFs/IID</b>	418	158	137	-67%	<b>-15%</b>
<b>Medium ICFs/IID</b>	39	21	22	-44%	<b>5%</b>
<b>Large ICFs/IID</b>	264	11	7	-97%	<b>-57%</b>
<b>SSLC</b>	241	128	140	-42%	<b>9%</b>
<b>HCS Group Homes</b>	312	524	542	74%	<b>3%</b>
<b>General Residential Operation</b>	73	42	50	-32%	<b>16%</b>
<b>Total</b>	<b>1,581</b>	<b>958</b>	<b>984</b>	<b>-38%</b>	<b>3%</b>
<b>Total with HCS Excluded</b>	1,269	434	442	-65%	<b>2%</b>

Figure 6, below, displays trends from August 31, 2002, to August 31, 2023. As the figure shows, the number of children residing in an HCS group home has remained comparatively high between February 2017 through August 2023, while the number of children in other types of institutions has shown a decreasing trend since 2002.

Data for the 14-year period between August 2002 and February 2017 has been condensed in the figure below. August 2002 data is included as baseline data.

**Figure 6. Number of Children in Institutions by Type of Institution August 2002 to August 2023**



Months	Nursing Facilities	ICFs/IID	SSLC	HCS	GRO
Aug-02	234	721	241	312	73
Feb-17	69	204	173	657	45
Aug-17	66	196	176	674	39
Feb-18	67	212	176	633	41
Aug-18	73	231	165	619	45
Feb-19	76	211	160	617	46
Aug-19	71	202	163	647	43
Feb-20	75	186	156	643	46
Aug-20	69	187	139	608	45
Feb-21	62	160	118	567	47
Aug-21	63	178	163	597	45
Feb-22	55	177	116	601	47
Aug-22	67	189	121	542	53
Feb-23	74	190	128	524	42
Aug-23	86	166	140	542	50



## 5. Family-based Alternatives

Child development experts agree, and research supports that children are physically and emotionally healthier when they grow up in well-supported families. HHSC has contracted with the community organization EveryChild, Inc., since 2002 to help children receive necessary services in a family-based alternative instead of an institution.

Through family-based alternatives:

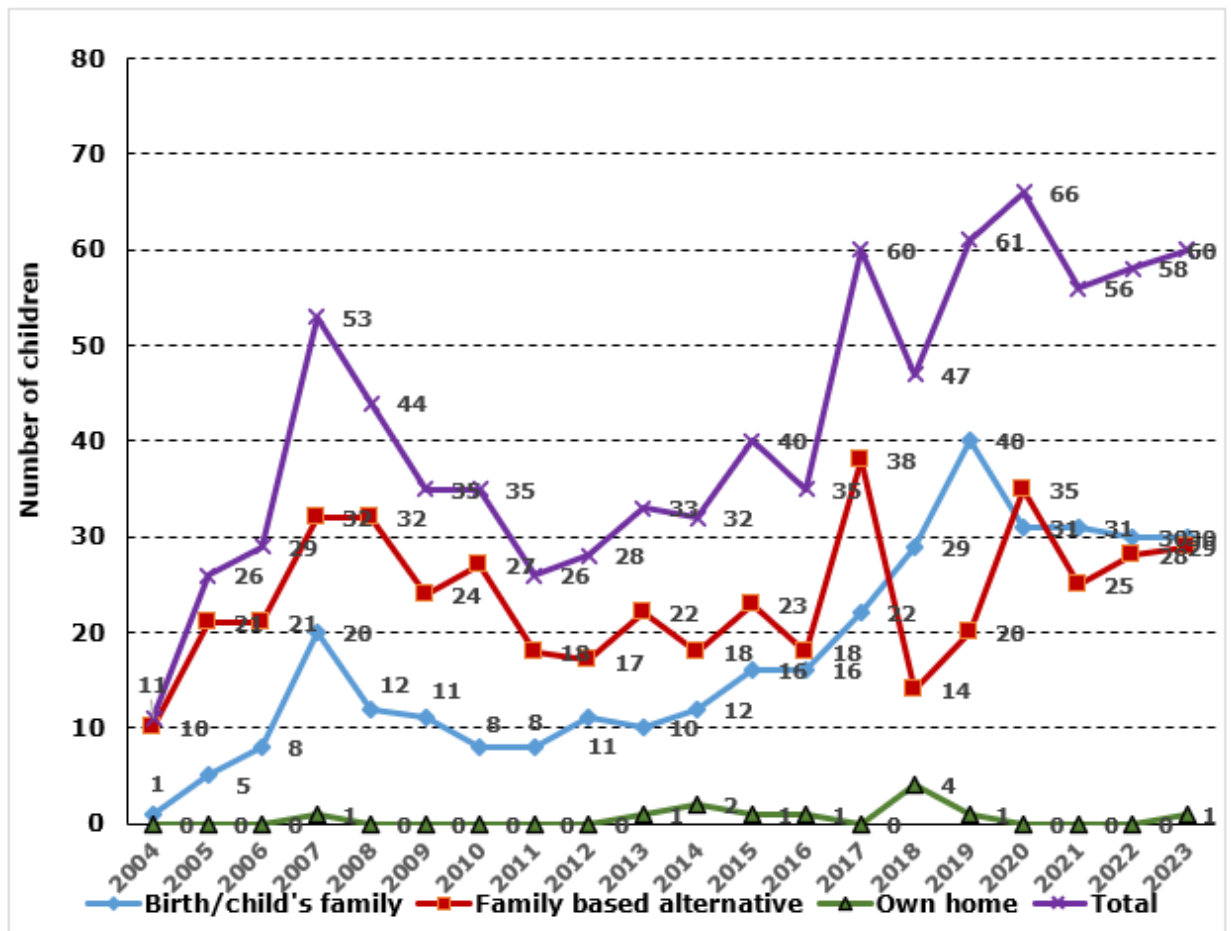
- Alternative families are recruited and trained to provide services for children.
- Children's service needs and alternative families are comprehensively assessed to identify the most appropriate alternative families for possible placement of children.
- Children's parents or LARs are provided information regarding the availability of family-based alternatives.
- Children residing in an institution are identified and offered support services, including waiver services, which would enable them to return to their birth or adoptive families or be placed in a family-based alternative.
- Other circumstances in which children must be offered waiver services, including circumstances in which changes in an institution status affects placements or the quality of services received by children are determined through their permanency plans.

### **Movement of Children to Family-based Alternatives**

This section describes Family-based Alternatives contractor activities during FY 2023 that assisted with placements in a family-based alternative, and diversion of children from admission to institutions. This section also identifies elements contributing to the development and implementation of a system of family-based alternatives.

Figure 7 provides data starting in 2004, on the number of children assisted by EveryChild, Inc., by placement and diversion activity by FY. EveryChild, Inc. helped divert or move 60 children from an institution in FY 2023. Of the 60 children, 29 (48 percent) moved to a family-based alternative, 30 (50 percent) returned to their family, and one young adult (two percent) was assisted to move to his own home.

**Figure 7. Number of Children Assisted by EveryChild, Inc., by Placement/Diversion Activity as of August 31, 2023**



Several factors account for the successful placement of children from institutions to families including:

- Increased understanding of the role of EveryChild, Inc. by hospitals, community groups, managed care organizations, state agency staff and others in assisting children to live with families;
- Increased recognition of the feasibility of family life for children with significant challenges;
- Continuity in permanency planning staff at nursing facilities who have developed relationships with family members to help families imagine family life for their children;
- Family community resource coordinators who understand the entire system and provide on-going technical assistance to providers, community

organizations, LIDDAs, state agency representatives, and managed care organizations;

- Family community resource coordinators who develop family-based alternatives for children, recruit support families, and develop transition plans;
- Increased referrals from providers, managed care organizations, LIDDAs, state hospitals, psychiatric hospitals, residential treatment centers, DFPS disability specialists, Children and Pregnant Women case managers, families, family organizations, and others for children at risk of facility admission due to crises;
- Families desiring their children remain at home with supports; and
- Increase in the number of families who, due to COVID-19, want their children home or in a family-based alternative instead of a congregate care facility.

Factors that have affected the placement of children during FY 2023 include:

- COVID-19 and difficulty in arranging pre-placement visits, and visits to facilities and
- Home-health workforce shortage and difficulty in accessing community-based care providers including physicians, home health nurses and personal care attendants.

Table 7 provides an overview of the contractor's placement, diversion, and related activities during FY 2023. During FY 2023, EveryChild Inc. assisted a total of 60 children to move or divert from an institution with 27 moving from an institution and 33 diverting from an institution. There are an additional 68 children in transition to a family setting.

**Table 7. EveryChild Achievements for Fiscal Year 2023**

<b>EveryChild, Inc.'s Activities Accomplished</b>	<b>To Birth/ Child's Family</b>	<b>To Family-based Alternative</b>	<b>To Own Home</b>	<b>Total</b>
<b>Moved From an Institution</b>	11	15	1	<b>27</b>
<b>Diverted From Admission to an Institution</b>	19	14	0	<b>33</b>
<b>In Transition to Family</b>	22	46	0	<b>68</b>

Table 8 and Figure 8 show the number of children the contractor assisted in FY 2023 and the number of children since 2002 to move from or be diverted from institutions by type of facility. Of the 846 children assisted by EveryChild, Inc. to move to a family setting since 2002, 502 (60 percent) resided in a large institution, while 78 (9 percent) resided in a small or medium facility and 266 (31 percent) were diverted.

**Table 8. Number Assisted to Move to Family by EveryChild, Inc., by Size and Type of Institution as of August 31, 2023**

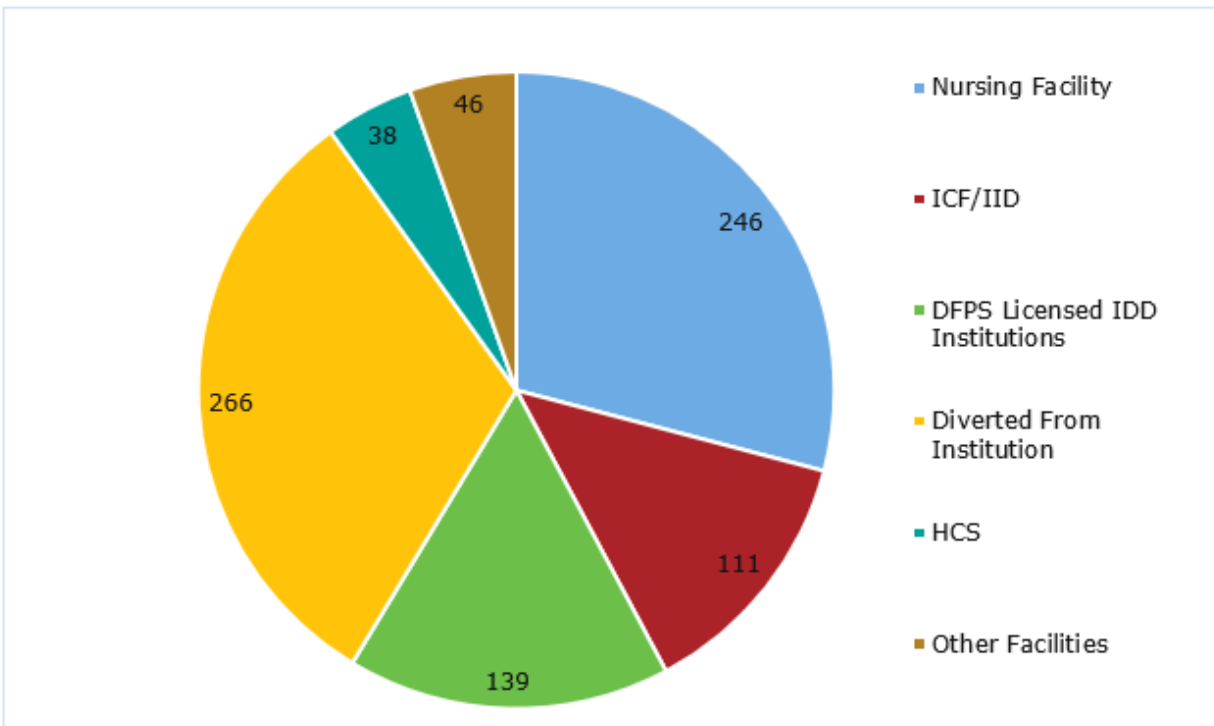
<b>Size of Institution</b>	<b>Type of Institution</b>	<b>Children Moved in FY 2023</b>	<b>Children Moved Since FY 2002</b>
<b>Large</b>	Nursing Facility	7	246
<b>Large</b>	Community ICF/IID	0	69
<b>Large</b>	DFPS-Licensed ID Institution	7	129
<b>Large</b>	SSLC	0	12
<b>Large</b>	Other <sup>14</sup>	8	46
<b>Medium or Small</b>	Community ICF/IID	0	30
<b>Medium or Small</b>	HCS	1	38
<b>Medium or Small</b>	DFPS Group Home <sup>15</sup>	4	10
<b>Diverted from Institution</b>	n/a	33	266
<b>Total</b>	<b>n/a</b>	<b>60</b>	<b>846</b>

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<sup>14</sup> Combination of state hospital, Texas School for the Blind and Visually Impaired, and residential treatment center.

<sup>15</sup> An agency foster home as defined by Texas Human Resources Code, Section 42.002.

**Figure 8. Number of Children Assisted by EveryChild, Inc., to Move to a Family by Facility Type since FY2002 as of August 31, 2023**



EveryChild, Inc., has collaborated with more than 750 state-contracted provider organizations to expand their capacity to offer family-based alternatives and better meet children’s needs by helping them recruit, assess, and train potential alternative families. Since 2002, EveryChild, Inc., has recruited 2,261 potential alternate families and placed 480 children with support families or alternate families. They also assisted 13 young adults to live in their own homes and 353 children to return home or stay with their families. They have and continue to provide training, technical assistance, and consultation to Texas state agencies, LIDDAs, families, providers, managed care organizations, schools, parent organizations, advocacy groups, Court Appointed Special Advocates (CASA), facilities, and other community organizations.

Table 9 provides an overview of movement activities with providers by funding source for FY 2023 and from August 2002 through August 31, 2023, with the final column representing the total number of children moved from August 2002 through August 31, 2023.

**Table 9. Funding Source by Setting for Children Who Moved with Family-based Alternatives Contractor Assistance Since August 2002 and in FY 2023**

<b>Funding Source (State Agency)</b>	<b>To Child's Family Aug. 2002 – FY 22</b>	<b>To Family-based Alternative Aug. 2002 – FY22</b>	<b>To Own Home Aug. 2002 - FY22</b>	<b>To Child's Family FY23</b>	<b>To Family-based Alternative FY23</b>	<b>To Own Home FY23</b>	<b>Total # of Children Moved to Date</b>
<b>Community Based Alternatives (DADS)</b>	9	0	2	0	0	0	<b>11</b>
<b>CLASS (HHSC/ DADS)</b>	31	5	4	0	0	0	<b>40</b>
<b>HCS (HHSC/ DADS)</b>	214	410	4	22	28	1	<b>679</b>
<b>MDCP (HHSC/ DADS)</b>	37	1	0	3	1	0	<b>41</b>
<b>Title IV Foster Care (DFPS)</b>	0	34	0	0	1	0	<b>35</b>
<b>YES Waiver</b>	2	0	0	0	0	0	<b>2</b>
<b>Other/Non-Waiver (Medicaid or other funding)</b>	30	1	2	30	1	2	<b>38</b>
<b>Total</b>	<b>323</b>	<b>451</b>	<b>12</b>	<b>30</b>	<b>29</b>	<b>1</b>	<b>846</b>

## 6. System Improvement and Challenges

Since 2002, the number of children in institutions serving more than four persons has been decreasing, including a 97 percent decrease in large ICF/IIDs, a 63 percent decrease in nursing facilities, and a 65 percent decrease in all institutions serving more than four persons. The permanency planning process continues to create awareness that children are physically and emotionally healthier when they grow up in well-supported families, and most children continue to have a current permanency plan. Additionally, increased resources have allowed families and LARs to choose family-based care instead of institutional care for children. Resources that have been key to helping children move to, or remain in, family homes or family-based alternatives include:

- HHSC Family-based Alternative contractor identifying networks of family-based alternatives;
- Expansion of family-based alternatives through coordinated efforts by the Family-based Alternative contractor and waiver program providers;
- Funding family-based alternatives through HCS host home/companion care services;
- Reserved capacity in the HCS waiver program for transition from facilities and diversion of children at risk;<sup>16</sup>
- Specialized services, including high medical needs supports and community-based crisis support services; and
- Funding Promoting Independence waivers.

### System Improvement Activities

HHSC, DFPS, EveryChild, Inc., and LIDDA representatives collaborated to improve permanency planning and the continued development of a system of family-based alternatives to the institutionalization of children. A selection of key activities resulting from the collaboration is highlighted below.<sup>17</sup>

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<sup>16</sup> Reserved capacity may serve children at risk of admission to an SSLC, for example.

<sup>17</sup> Activities include those undertaken by the former DADS before programs and services became a part of HHSC.



- Continued work on implementation of Senate Bill 7, 83rd Legislature, Regular Session, 2013, designed, in part, to transition identified services (including long-term services and supports for children) to managed care.
- Provided key policy, programmatic, leadership, and administrative support to child-focused groups, including the Policy Council for Children and Families, the STAR Kids Managed Care Advisory Committee, the Promoting Independence Workgroup, the Intellectual and Developmental Disabilities Systems Redesign Advisory Committee, and the Child Protection Roundtable.
- Provided input to the Texas Intellectual and Developmental Disability (IDD) Strategic Plan regarding the needs of children with disabilities and their families.
- Released HCS slots appropriated by the 2022-23 General Appropriations Act, Senate Bill (S.B.) 1, 87th Legislature, Regular Session, 2021 (Article II, Health and Human Services Commission) which includes the following from September 1, 2021, through August 31, 2023:
  - ▶ 542 HCS slots appropriated for statewide reduction of the HCS Interest List (IL).
  - ▶ From September 1, 2022 – August 31, 2023, HHSC released 1,110 IL reduction slots. 436 enrollments have been approved and an additional 130 were in the enrollment process as of August 31, 2023. This category includes but is not limited to children.
- HHSC used attrition slots in the biennium for the following HCS targeted groups:
  - ▶ For persons moving out of large, medium, and small ICF/IIDs, HHSC has released 185 slots. Of those, 49 enrollments have been approved and an additional 77 were in the enrollment process as of August 31, 2023. This category includes, but is not limited to children;
  - ▶ HHSC has released 103 slots for children aging out of foster care. Of those, HHSC approved enrollment of 42 children and an additional 55 children were in the enrollment process as of August 31, 2023; and
  - ▶ HHSC has released 116 slots for persons with IDD diverted from nursing facility admission. Of those released, HHSC approved 58 enrollments and an additional 35 were in the enrollment process as of August 31, 2023. This category includes but is not limited to children.
  - ▶ HHSC has released attrition slots to prevent institutionalization and assist people with IDD in crisis. Included in this category were children in both DFPS GROs and children in Child Protective Services (CPS) Custody. HHSC has released attrition slots in the following categories:

- ◇ Crisis/diversion from institutionalization. HHSC has released 459 slots. Of those, approved enrollment of 222 individuals with an additional 224 individuals in the enrollment process as of August 31, 2023. This category includes but is not limited to children. Crisis/diversion slots continue to be released after August 31, 2023.
  - ◇ Children transitioning from a nursing facility. HHSC has released 10 slots. Of those, HHSC approved enrollment of two children with an additional six children in the enrollment process as of August 31, 2023. Slots for children transitioning from a nursing facility continue to be released after August 31, 2023.
- Completed additional activities benefiting individuals of all ages:
  - ▶ Continued implementation of the Outpatient Biopsychosocial Approach for IDD Services, which provides outpatient mental health services for people with IDD and mental health needs.
    - ◇ Five contracted LIDDAs provide an evidence-based biopsychosocial approach to care that provides a holistic case management approach to mental health, substance abuse and other related fields for both a person and their support system. Teams are comprised of medical, psychiatric, mental health and paraprofessionals to address a person's unique needs and provide skills training and education.
  - ▶ Continuation of LIDDA Transition Support Teams (TST) services funded through the federal Money Follows the Person (MFP) Demonstration grant through calendar year 2023.
    - ◇ Eight contracted LIDDAs provide regional support services to other LIDDAs and program providers to help individuals who have complex medical and behavioral needs who want to live in community based settings. From September 1, 2022, to August 31, 2023, the regional TSTs provided:
      - 507 educational opportunities attended by 6,270 people.
      - 2,366 technical assistance opportunities attended by 4,566 people.
      - 2,417 peer review or case consultations attended by 19,254 people.
- Trained and collaborated with the STAR Kids Managed Care Organizations to identify children at imminent risk of facility admission as well as training of State Supported Living Center Transition Specialists and Court Appointed Special Advocates (CASAs) on family-based alternatives for children.
- \$5.9 million in funds were appropriated for services to individuals with high medical needs (HMN) to implement a daily add-on rate for small and medium ICF/IID providers to serve individuals with high medical needs transitioning

from an SSLC or a nursing facility.<sup>18</sup> These funds were also appropriated for three new ICF/IID homes specifically for individuals with high medical needs.

- ▶ Currently, there is a six bed HMN home with one vacancy and one bed occupied with an ICF individual, that is not part of the HMN program. No recent referrals for the HMN program have been received.
- DFPS worked with EveryChild, Inc. to find families for children in conservatorship residing in a DFPS GRO, children aging out of care and children residing in Residential Treatment Facilities.
  - ▶ Monitored completion of permanency plans developed by developmental disability specialists.
  - ▶ Participated as an agency representative on groups administratively supported by HHSC.

## Challenges

HHSC continues to engage with the Family-based Alternative contractor, DFPS, and other stakeholders to transition children from institutional settings. Challenges to moving children from institutions continue to include:

- Limitations in community capacity to support children with significant behavior support needs;
- Continued growing demand for community-based services;
- Limitations in out-of-home crisis respite options for children while developing long term options; and
- The need for increased physical, medical, and/or behavioral supports for some children to live successfully in non-institutional settings.

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<sup>18</sup>On August 31, 2016, the rules were expanded to include add on rates for any ICF/IID facility that was set for individuals meeting the high medical needs criteria, leaving an SSLC or nursing facility. The rate was set and implemented into the Texas Medicaid and Health Partnership system. At this time, there have been no referrals for assessments for ICF/IID facilities that are not part of the HMN facilities. There have been no requests for assessments by anyone living in a nursing facility.

## **7. Conclusion**

Since 2002, systemic improvements have brought Texas closer to realizing the permanency planning goal of family life for children with IDD. Although significant progress has been made in supporting family life for children with IDD as an alternative to institutions, challenges remain.

Children continue to benefit from access to HCS host home/companion care services, which allow children who are not able to live with their families to live with specially trained alternative families instead of in institutions.

Agencies continue to work collaboratively to increase the number of children who transition to a community setting and to achieve the ultimate goal of ensuring all children with IDD live in a nurturing family environment.

## List of Acronyms

Acronym	Full Name
CASA	Court Appointed Special Advocate
CMS	Centers for Medicare and Medicaid Services
CPS	Child Protective Services
DADS	Department of Aging and Disability Services
DFPS	Department of Family and Protective Services
FY	Fiscal Year
GRO	General Residential Operation
HCS	Home and Community-based Services
HHSC	Health and Human Services Commission
HMN	High Medical Needs
ICF/IID	Intermediate Care Facility for Individuals with an Intellectual Disability or Related Conditions
ID	Intellectual Disability
IDD	Intellectual and Developmental Disabilities
IL	Interest List
LAR	Legally Authorized Representative
LIDDA	Local Intellectual and Developmental Disability Authority
LOS	Length of Stay
MFP	Money Follows the Person
PPI	Permanency Planning Instrument

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RFP	Request for Proposal
S.B.	Senate Bill
SSLC	State Supported Living Center
TAC	Texas Administrative Code
TST	Transition Support Team

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