Permanency Planning and Family-based Alternatives

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

Texas Health and Human Services
January 2023

TEXAS
Health and Human Services

Table of Contents

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.[1] 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, 2021 through August 31, 2022.

As of August 31, 2022, 972 children were living in all types of institutions, representing a 38 percent decrease since permanency planning was implemented in 2002, or a 66 percent decrease if children served in the Home and Community-based Services (HCS) waiver program are excluded. Of the 972 children living in institutions:

- The majority (72 percent) were young adults, ages 18 to 21.
- More than half (56 percent) were in the HCS waiver program.
- A relatively small number (seven percent) resided in a nursing facility.
- The majority (96 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 another family's home. From September 1, 2021 to August 31, 2022, 78 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.,[2] has assisted 786 children to move or divert from an institution.

[1] 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.

[2] 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 fiscal year 2022, 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 residential settings (i.e., supervised living or residential support).
- Nursing facilities.
- Institutions for individuals with an intellectual disability (ID) licensed by the Department of Family and Protective Services (DFPS).

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

- Returning to the family[3]; or
- Moving to a family-based alternative, a family setting in which a trained provider offers support and in-home care for children with intellectual disabilities or related conditions.[4]

[3] Title 40, Texas Administrative Code (TAC), Chapter 9, Section 9.167(a)(2)(C)(i)(I)
[4] 40 TAC §9.167(a)(2)(C)(i)(II)

While permanency planning for minor children (ages birth-17) focuses on family life, permanency planning for young adults (ages 18-21) acknowledges another 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.[5]

[5] 40 TAC §9.167(b) (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)[6] 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, 2022.

Number of Children Residing in Institutions

Table 1 shows the total number of children living in institutions by institution type as of August 31, 2022.

Table 1. Number of Children in Institutions, Operated by or under the Authority of HHSC or DFPS Combined as of August 31, 2022

Institution Type	Ages 0-17	Ages 18-21	Total
Nursing Facility	38	29	**67**
Small ICF/IID	19	143	**162**
Medium ICF/IID	1	15	**16**
Large ICF/IID	4	7	**11**
SSLC	34	87	**121**
HCS	125	417	**542**
DFPS-Licensed ID Institution	49	4	**53**
Total	**270**	**702**	**972**

Data shows 704 children (72 percent of the 972) resided in a setting with eight or fewer residents.[7] Of those 704, 144 (20 percent) were minors, and 560 (80

[6] 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.

[7] 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.

percent) were young adults ages 18 through 21, including 53 minors and another 39 young adults who were placed by DFPS.

Institutions with more than eight residents served 268 children (28 percent of the 972). Of those 268, 126 (47 percent) were minors, and 142 (53 percent) were young adults, including seven minors and no young adults placed by DFPS.

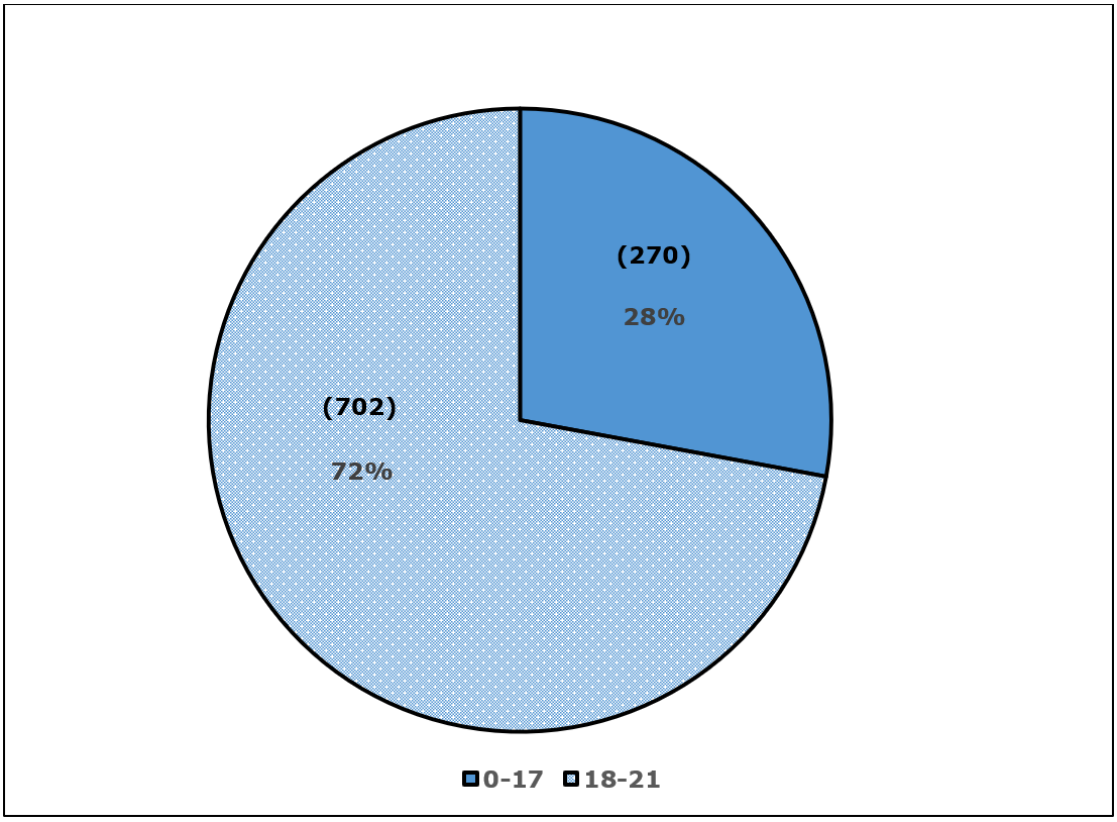
Table 7, later in this report, provides additional information on the number of children for whom a recommendation has been made for transition to a family-based alternative but who have not yet made the transition.

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, 2022.

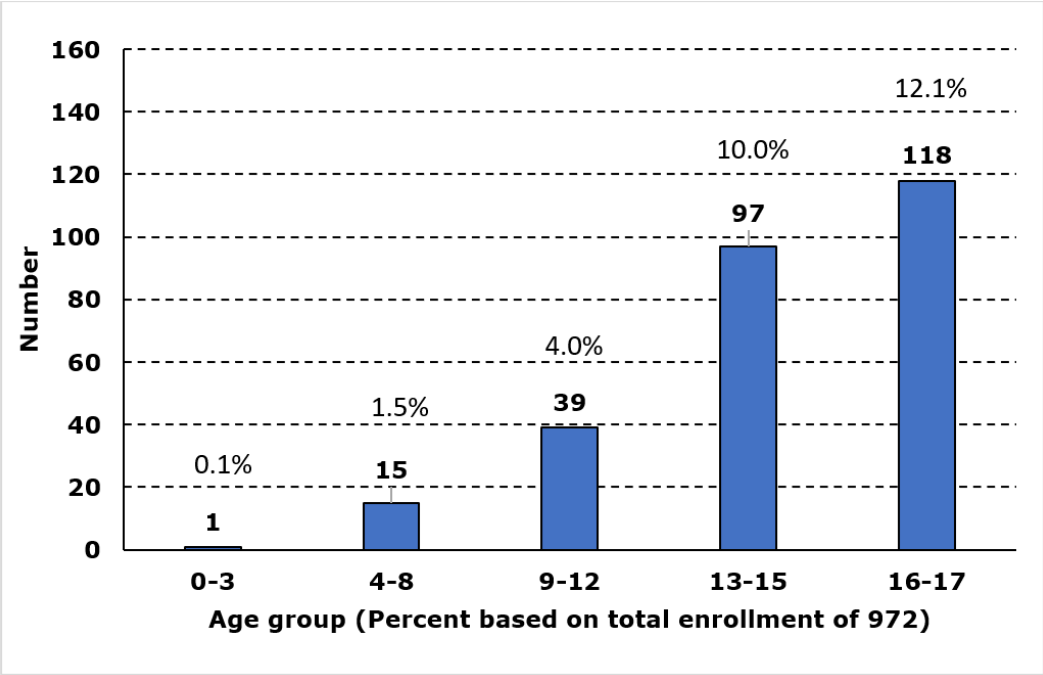
Figure 1. Age Distribution of Children, Residing in Institutions Operating by or under the Authority of HHSC and DFPS Institutions Combined as of August 31, 2022



Age Range	Percent	Frequency
0-17	28%	273
18-21	72%	706
Total	100%	979

Figure 2, below, shows the number and percent of minors in institutions for HHSC and DFPS combined. The largest number of minors were 16–17 years of age.

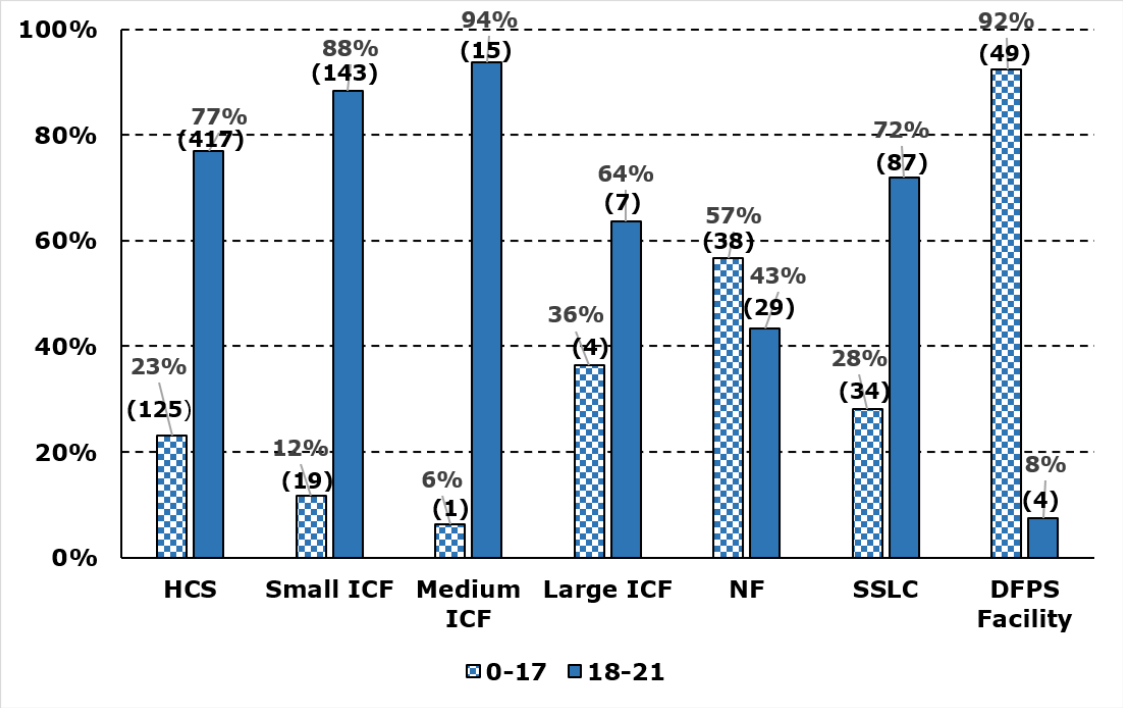
Figure 2. Age Distribution of Minors in Institutions, HHSC and DFPS Combined as of August 31, 2022



Age Group	Frequency	Percent
0-3	1	0.1%
4-8	15	1.5%
9-12	39	4.0%
13-15	97	10.0%
16-17	118	12.1%

Figure 3, below, shows a higher percentage of young adults than minors in all institutions, except nursing facilities and DFPS-licensed ID institutions. Compared to all other institutions, the percent of young adults in medium ICF/IIDs was the highest (94 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, 2022

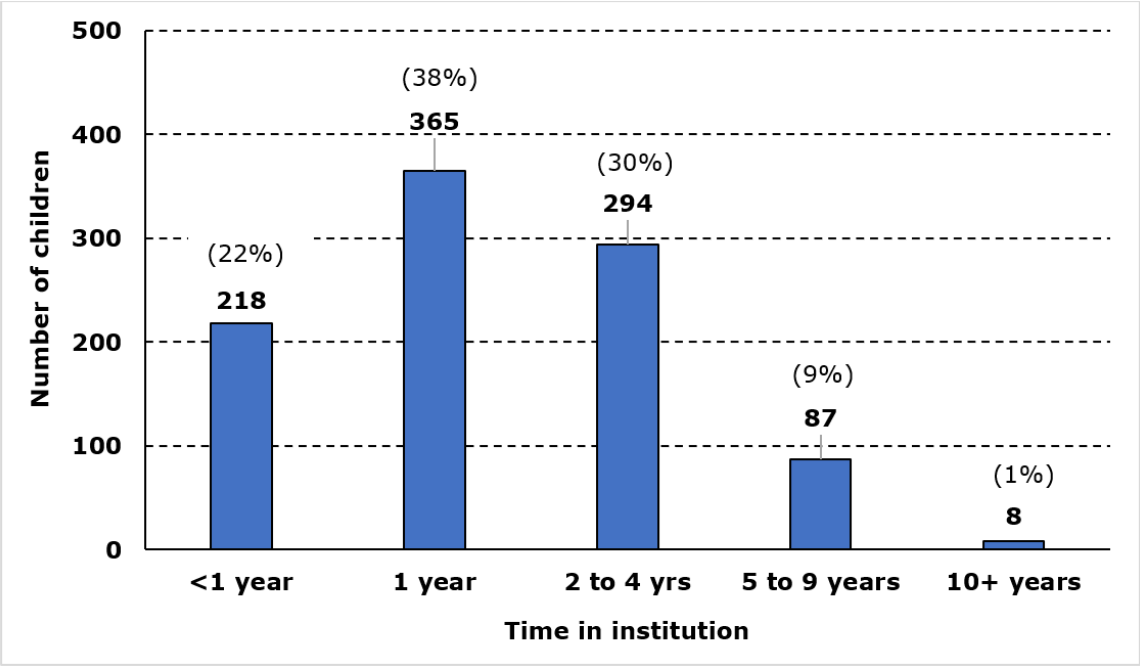


Institution Type	Number 0-17	Percentage 0-17	Number 18-21	Percentage 18-21
HCS	125	23%	417	77%
Small ICF	19	12%	143	88%
Medium ICF	1	6%	15	94%
Large ICF	4	36%	7	64%
NF	38	57%	29	43%
SSLC	34	28%	87	72%
DFPS Facility	49	92%	4	8%

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 discharge or the end of the reporting period if the child was still in the program on that date.

As the figure shows, 22 percent of the children had a LOS of less than one year and only ten percent had a LOS of five years or more.

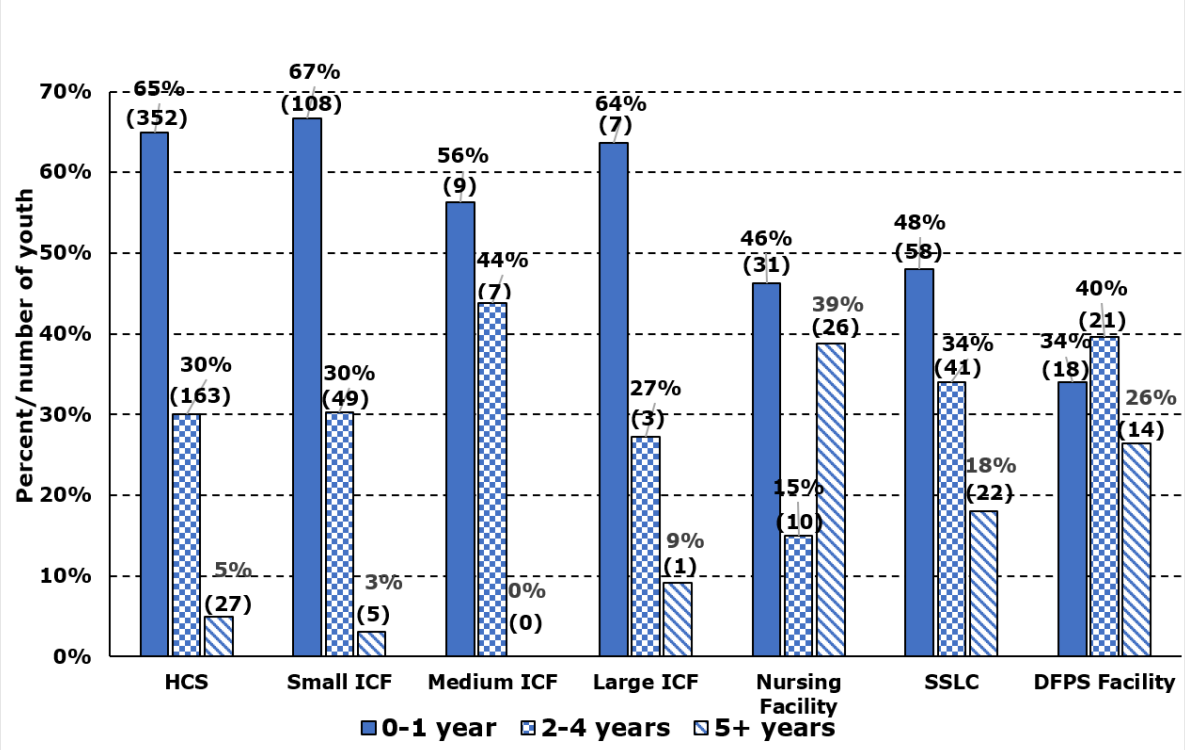
Figure 4. Length of Stay in Institutions, HHSC and DFPS Combined as of August 31, 2022



Length of Stay	Number of Children	Percentage of Total
<1 year	218	22%
1 year	365	38%
2 to 4 years	294	30%
5 to 9 years	87	9%
10+ years	8	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 (67 percent) and DFPS facilities having the lowest percent (34 percent). Nursing facilities served the largest percent of children with a LOS of five or more years (39 percent). There were no children in medium ICF/IIDs and only one child in large ICF/IIDs with a LOS of five or more years.

Figure 5. Length of Stay in Years by Type of Institution as of August 31, 2022



Type of Institution	Number 0-1 Year	Percentage 0-1 year	Number 2-4 years	Percentage 2-4 years	Number 5+ years	Percentage 5+ years
HCS	352	65%	163	30%	27	5%
Small ICF	108	67%	49	30%	5	3%
Medium ICF	9	56%	7	44%	0	0%
Large ICF	7	64%	3	27%	1	9%
Nursing Facility	31	46%	10	15%	26	39%
SSLC	58	48%	41	34%	22	18%
DFPS Facility	18	34%	21	40%	14	26%

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[8]	Service coordinators employed by local intellectual and developmental disability authorities (LIDDAs)
DFPS-licensed IDs	Developmental disability specialists
Nursing Facilities	EveryChild, Inc.[9] 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 four 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).

Table 3. Permanency Plans Completed as of August 31, 2022

Institution Type	Number of Children in Institutions	Number of Permanency Plans Completed	Percent of Permanency Plans Completed
Nursing Facility	67	67	**100%**
Small ICF/IID	162	147	**91%**
Medium ICF/IID	16	15	**94%**
Large ICF/IID	11	10	**91%**
SSLC	121	112	**93%**
HCS Group Homes	542	526	**97%**
DFPS-licensed ID institution	53	53	**100%**
Total	**972**	**930**	**96%**

[8] This includes SSLCs.
[9] EveryChild, Inc. is the HHSC contractor.

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

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, 2022, 915 alternate families were actively associated with a provider.

The total number of children EveryChild, Inc. directly assisted between September 1, 2021 and August 31, 2022, was 306.

Table 4 shows how many children in HHSC or DFPS programs EveryChild, Inc. helped move home or to a family-based alternative. This number also includes children diverted from facilities. The table shows that during the past year, EveryChild, Inc. has assisted 58 children to return home or move to a family-based alternative. Of the 58 children, 28 or 48% of the children moved to a family-based alternative. EveryChild, Inc. continues to explore family-based options for children living in institutional settings.

Table 4. Children Returned Home or Moved to a Family-based Alternative in HHSC or DFPS Programs as of August 31, 2022

State Agency	Returned Home	Family-based Alternative	Total
HHSC	27	23	50
DFPS	3	5	8
Total	**30**	**28**	**58**

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 the services needed for them to live with their families or in a family-based alternative.[10] Additionally, services may be subject to limitations in certain locations.[11] Table 5 shows many of the available services[12] 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.

[10] 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.
[11] For example, a child living in a rural area may be authorized to receive behavioral supports, but a service authorization does not assure access to trained and qualified professionals.
[12] 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 5. Texas Medicaid Waiver Services by Program[13]

Specialized Supports	HCS	Medically Dependent Children Program	Community Living Assistance and Support Services	Deaf Blind with Multiple Disabilities	Texas Home Living	STAR+ PLUS
Adaptive aids	Yes	Yes	Yes	Yes	Yes	Yes
Behavioral support	Yes	No	Yes	Yes	Yes	No
Community First Choice	Yes	No	Yes	Yes	Yes	Yes
Community support services	No	No	No	No	No	No
Day habilitation	Yes	No	No	Yes	Yes	No
Dental	Yes	No	Yes	Yes	Yes	Yes
Employment assistance	Yes	Yes	Yes	Yes	Yes	Yes
Flexible family support	No	Yes	No	No	No	No
Host home/ companion care	Yes	No	No	No	No	No
Minor home modifications	Yes	Yes	Yes	Yes	Yes	Yes

[13] 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.

Specialized Supports	HCS	Medically Dependent Children Program	Community Living Assistance and Support Services	Deaf Blind with Multiple Disabilities	Texas Home Living	STAR+ PLUS
Nursing	Yes	No	Yes	Yes	Yes	Yes
Professional therapies	Yes	No	Yes	Yes	Yes	Yes
Residential habilitation	No	No	Yes	Yes	No	No
Respite	Yes	Yes	Yes	Yes	Yes	Yes
Specialized therapies	No	No	Yes	No	No	No
Supported employment	Yes	Yes	Yes	Yes	Yes	Yes
Supported home living	No	No	No	No	No	No
Transition assistance services	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 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) decreased by two percent; and the number of children in all institution types excluding HCS increased by nine 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 66 percent.

Table 6. Trends in the Number of Children by Institution, HHSC and DFPS Combined

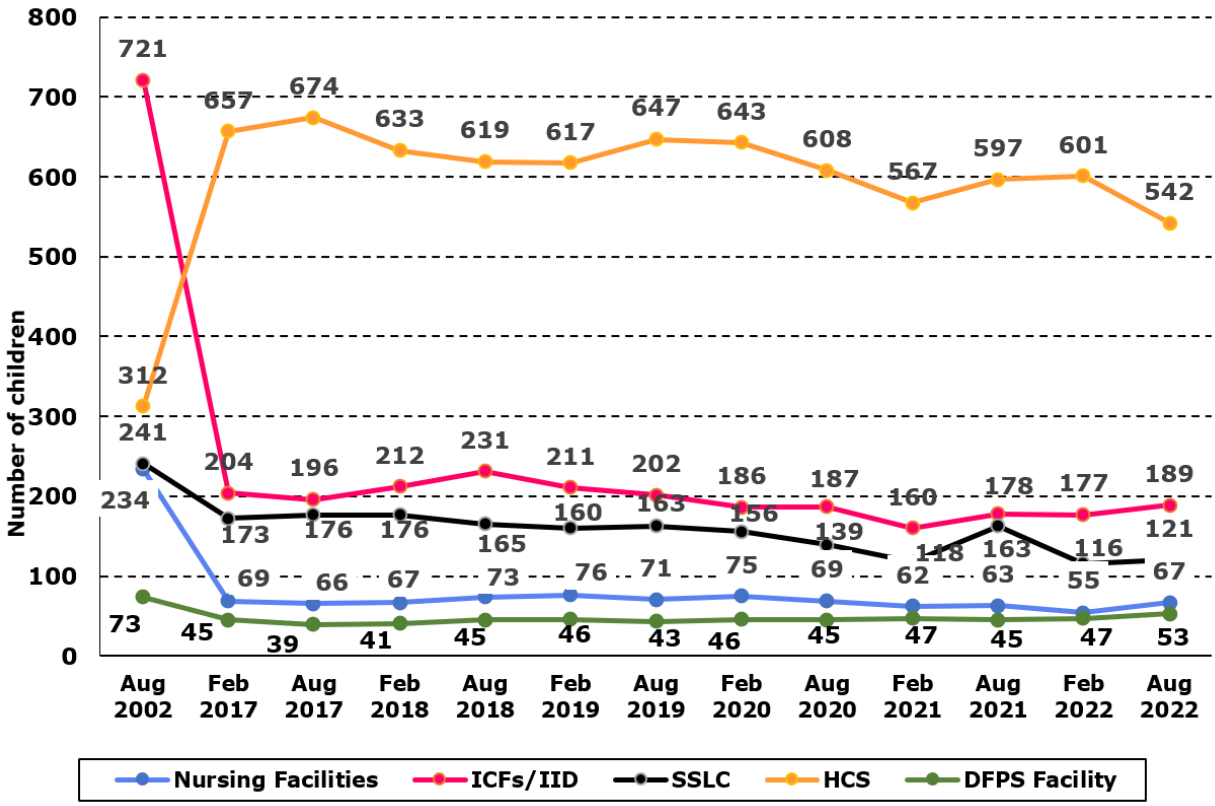
Institution Type	Baseline Number as of August 31, 2002	Number as of February 28, 2022	Number as of August 31, 2022	Percent Change Since August 2002	Percent Change in Past Six Months
Nursing Facilities	234	55	67	-71%	22%
Small ICFs/IID	418	154	162	-61%	5%
Medium ICFs/IID	39	14	16	-59%	14%
Large ICFs/IID	264	9	11	-96%	22%
SSLC	241	116	121	-47%	10%
HCS Group Homes	312	601	542	74	-10%
DFPS-Licensed ID Institutions	73	47	53	-27%	13%
Total	1,581	996	972	-38%	-2%
Total with HCS Excluded	1,269	395	430	-66%	9%

Figure 6, below, displays trends from August 31, 2002, to August 31, 2022. As the figure shows, the number of children residing in an HCS group home remained

comparatively high between August 2017 through August 2022, while the number of children in other types of institutions has shown an overall decreasing trend since 2002, but has remained steady since 2017.

Data for the 14-year period between August 2002 and August 2016 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 2022



Facility type	Nursing Facilities	ICFs/IID	SSLC	HCS	DFPS Facility
Aug 2002	234	721	241	312	73
Feb 2017	69	204	173	657	45
Aug 2017	66	196	176	674	39
Feb 2018	67	212	176	633	41
Aug 2018	73	231	165	619	45
Feb 2019	76	211	160	617	46

Facility type	Nursing Facilities	ICFs/IID	SSLC	HCS	DFPS Facility
Aug 2019	71	202	163	647	43
Feb 2020	75	186	156	643	46
Aug 2020	69	187	139	608	45
Feb 2021	62	160	118	567	47
Aug 2021	63	178	163	597	45
Feb 2022	55	177	116	601	47
Aug 2022	67	189	121	542	53

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.

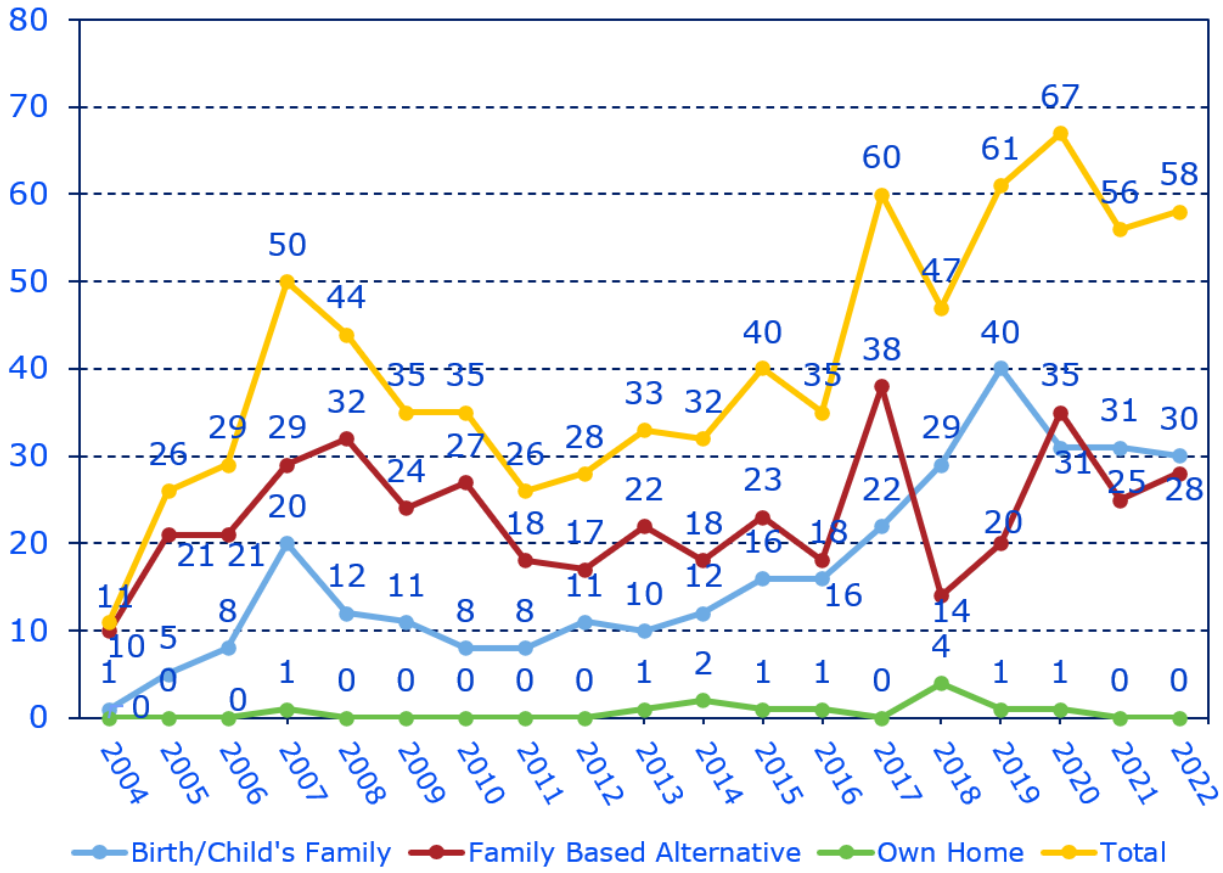
Movement of Children to Family-based Alternatives

Previous sections of this report identified the number of children placed in family-based alternatives for the six-month period ending August 31, 2022. This section describes contractor activities during fiscal year 2022 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 fiscal year. EveryChild, Inc. helped divert or move 58 children from an institution in fiscal year 2022. Of the 58

children, 28 (48 percent) moved to a family-based alternative and 30 (52 percent) returned to their family.

Figure 7. Number of Children Assisted by EveryChild, Inc., by Placement/Diversion Activity as of August 31, 2022



Year	Birth/Child's Family	Family Based Alternative	Own Home	Total
2004	1	10	0	11
2005	5	21	0	26
2006	8	21	0	29
2007	20	29	1	50
2008	12	32	0	44
2009	11	24	0	35
2010	8	27	0	35
2011	8	18	0	26

Year	Birth/Child's Family	Family Based Alternative	Own Home	Total
2012	11	17	0	28
2013	10	22	1	33
2014	12	18	2	32
2015	16	23	1	40
2016	16	18	1	35
2017	22	38	0	60
2018	29	14	4	47
2019	40	20	1	61
2020	31	35	1	67
2021	31	25	0	56
2022	30	28	0	58

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
- 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 2022 include:

- COVID-19 and difficulty in arranging pre-placement visits, and visits to facilities.
- 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 fiscal year 2022. During fiscal year 2022, EveryChild Inc. assisted a total of 58 children to move or divert from an institution with 23 moving from an institution and 35 diverting from an institution. There are an additional 68 children in transition to a family setting.

Table 7. EveryChild Achievements for Fiscal Year 2022

EveryChild, Inc.'s Activities Accomplished	To Birth/ Child's Family	To Family-based Alternative	To Own Home	Total
Moved From an Institution	10	13	0	23
Diverted From Admission to an Institution	20	15	0	35
In Transition to Family	22	46	0	68

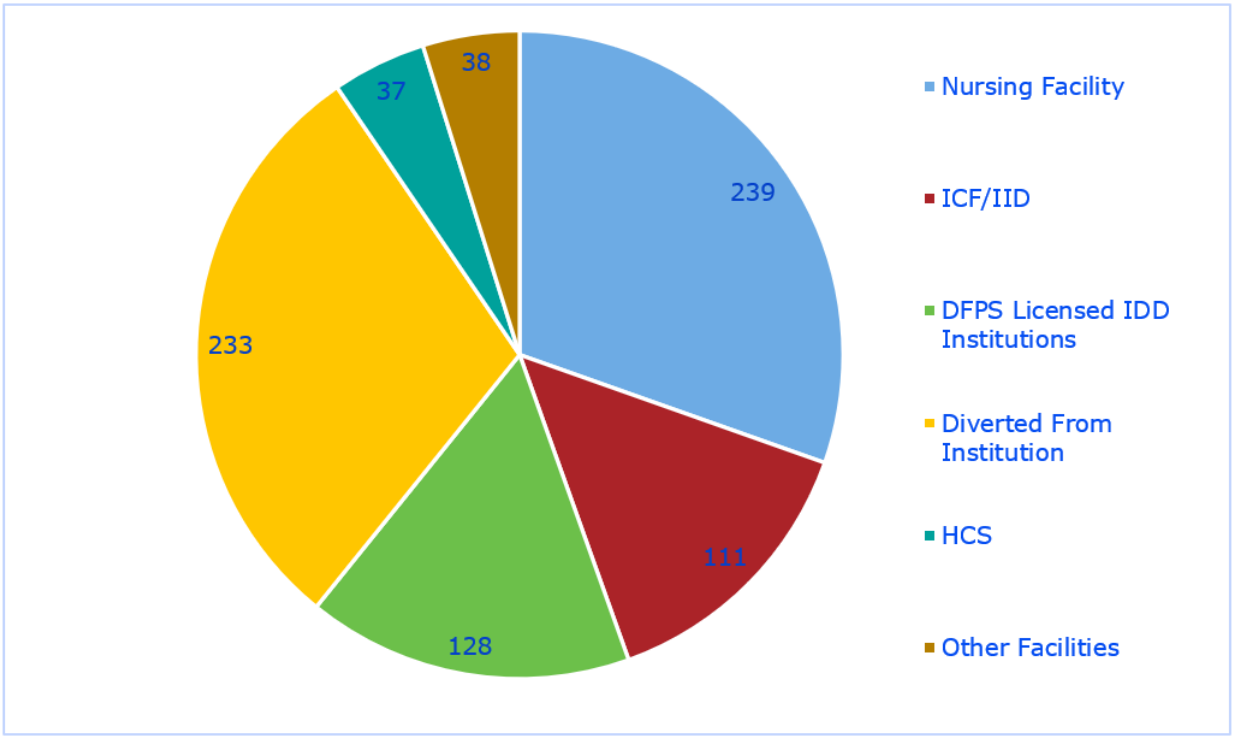
Table 8 and Figure 8 show the number of children the contractor assisted in fiscal year 2022 and the number of children since 2002 to move from or be diverted from institutions by type of facility. Of the 786 children assisted by EveryChild, Inc. to move to a family setting since 2002, 480 (61 percent) resided in a large institution, while 73 (9 percent) resided in a small or medium facility and 233 (30 percent) were diverted.

Table 8. Number Assisted by EveryChild, Inc., in FY 2022 and Since 2002 by Size and Type of Institution as of August 31, 2022

Size of Institution	Type of Institution	Children Moved in FY 2022	Children Moved Since 2002
Large	Nursing Facility	14	239
Large	Community ICF/IID	0	69
Large	DFPS-Licensed ID Institution	2	122
Large	SSLC	0	12
Large	Other[n]	5	38
Medium or Small	Community ICF/IID	0	30
Medium or Small	HCS	1	37
Medium or Small	DFPS Group Home[o]	1	6
Diverted from Institution	n/a	35	233
Total	**n/a**	**58**	**786**

[n] Combination of state hospital, Texas School for the Blind and Visually Impaired, and residential treatment center.
[o] 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 2002 as of August 31, 2022



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 provider organizations recruit, assess, and train potential alternative families. Since 2002, EveryChild, Inc., has recruited 2,261 potential alternate families and placed 451 children with support families or alternate families. They also assisted 12 young adults to live in their own homes and 323 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 fiscal year 2022 and from August 2002 through August 31, 2022, with the final column representing the total number of children moved from August 2002 through August 31, 2022.

Table 9. Funding Source by Setting for Children Who Moved with EveryChild, Inc's Assistance in FY 2022 and Since August 2002.

Funding Source (State Agency)	To Child's Family FY22	To Family-based Alternative FY22	To Own Home FY22	To Child's Family Since Aug. 2002	To Family-based Alternative Since Aug. 2002	To Own Home Since Aug. 2002	Total # of Children Moved to Date
Community Based Alternatives (DADS)	0	0	0	9	0	2	**11**
CLASS (HHSC/ DADS)	0	0	0	31	5	4	**40**
HCS (HHSC/ DADS)	26	28	0	214	410	4	**628**
MDCP (HHSC/ DADS)	0	0	0	37	1	0	**38**
Title IV Foster Care (DFPS)	0	0	0	0	34	0	**34**
YES Waiver	0	0	0	2	0	0	**2**
Other/Non-Waiver (Medicaid or other funding)	4	0	0	30	1	2	**33**
Total	**30**	**28**	**0**	**323**	**451**	**12**	**786**

6. System Improvement and Challenges

Since 2002, the number of children in institutions serving more than four persons has been decreasing, including a 95 percent decrease in large ICF/IIDs, a 73 percent decrease in nursing facilities, and a 66 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 Alternatives Contractor identifying networks of family-based alternatives
- Expansion of family-based alternatives through coordinated efforts by the 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;[p]
- Specialized services, including high medical needs supports and community-based crisis support services; and
- Funding Promoting Independence waivers.

System Improvement Activities

During the current reporting period, HHSC, DFPS, EveryChild, Inc., and LIDDA representatives collaborated to improve permanency planning and continue the 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.[q]

[p] Reserved capacity may serve children at risk of admission to an SSLC, for example.
[q] 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).
  - HHSC has released 2,313 IL reduction slots. Of those, 358 enrollments have been approved and an additional 1,272 were in the enrollment process as of August 31, 2022. 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 188 slots. Of those, 27 enrollments have been approved and an additional 131 were in the enrollment process as of August 31, 2022. This category includes, but is not limited to children;
  - HHSC has released 73 slots for children aging out of foster care. Of those, HHSC approved enrollment of 31 children and an additional 38 children were in the enrollment process as of August 31, 2022; and
  - HHSC has released 116 slots for persons with IDD diverted from nursing facility admission. Of those released, HHSC approved 49 enrollments and an additional 63 were in the enrollment process as of August 31, 2022. 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 General Residential Operation (GRO) and children in Child Protective Services (CPS) Custody. HHSC has released attrition slots in the following categories:
  - ◊ Crisis/diversion from institutionalization. HHSC has released 445 slots. Of those, approved enrollment of 178 individuals with an additional 246 individuals in the enrollment process as of August 31, 2022. This category includes but is not limited to children. Crisis/diversion slots continue to be released after August 31, 2022.
  - ◊ Children transitioning from a nursing facility. HHSC has released seven slots. Of those, HHSC approved enrollment of three children with an additional four children in the enrollment process as of August 31, 2022. Slots for children transitioning from a nursing facility continue to be released after August 31, 2022.

- 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.
    - ◊ Contracted with five LIDDAs to implement 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 Demonstration grant through 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, 2021, to August 31, 2022, the regional transition support teams provided:
      - o 1,302 educational opportunities attended by 15,288 people.
      - o 1,772 technical assistance opportunities attended by 4,265 people.

    - 3,351 peer review or case consultations attended by 18,862 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 CASAs on family-based alternatives for children.
- Funds were appropriated by the 84th Legislature 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.[r] These funds were also appropriated for three new ICF/IID homes specifically for individuals with high medical needs.
    - The first six bed high medical need home opened in April 2018 and currently has one vacancy. The second home is now ready to accept individuals with high medical needs; however, no transfers have been scheduled due to COVID-19.
- 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 collaborate with EveryChild, Inc., DFPS, the Legislature, and other stakeholders to transition children from institutional settings. Challenges to moving children from institutions continue to include:

[r]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.

- Limitations in community capacity to support children with significant behavior support needs
- Continued growth of interest lists for waiver programs
- Limitations in data collection regarding children with IDD in DFPS Residential Treatment Centers impacting policy and service planning
- Limitations in out-of-home crisis respite options for children while developing long term options
- The need for higher physical, medical, and/or behavioral supports for some children to live successfully in non-institutional settings

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
GRO	General Residential Operation
H.B.	House Bill
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
PPI	Permanency Planning Instrument
RFP	Request for Proposal
SSLC	State Supported Living Center
TAC	Texas Administrative Code
TST	Transition Support Team