

Report to the Promoting Independence Advisory Committee

January 2016

Health and Human Services Commission

STAR Kids

S.B. 7, 83rd Legislature, Regular Session, 2013, directs HHSC to establish a mandatory STAR Kids capitated managed care program tailored to provide Medicaid benefits to children with disabilities. All children and youth under the age of 21 who receive Supplemental Security Income (SSI) or SSI-related Medicaid will be required to receive Medicaid services through STAR Kids. Two key components of the STAR Kids model include robust service coordination and a comprehensive, multidisciplinary assessment. The legislation also directs HHSC to fully integrate services provided through the Medically Dependent Children's Program (MDCP) into STAR Kids. Those served through other 1915(c) home and community-based waiver programs will continue to receive long term services and supports through DADS, but will receive acute care benefits through STAR Kids. STAR Kids implementation is planned for November 1, 2016.

The STAR Kids Managed Care Advisory Committee met for the ninth time on December 9, 2015. The next committee meeting is scheduled for March 2, 2016.

HHSC continues to work with Texas A&M University, School of Public Health, to finalize the STAR Kids Screening and Assessment Instrument (SAI). Field testing of the assessment began in late-Fall and will continue through January and February.

HHSC has begun implementing an outreach strategy to educate providers and clients about the upcoming STAR Kids implementation. Beginning in January 2016, HHSC will be conducting information sessions for providers and clients at locations around the state. The schedule for these sessions can be found below. Further information sessions will be scheduled in Summer and Fall 2016.

Edinburg, TX

Family Session: Jan. 8, 2016, 11 a.m.- 1 p.m.

Provider Session: Jan. 8, 2016, 2 p.m.- 4 p.m.

Family Session: Jan. 9, 2016, 9 a.m.-11 a.m.

Doctors Hospital at Renaissance
[Edinburg Conference Center](#)
118 Paseo Del Prado
Edinburg, TX 78539

Austin, TX

Family Session: Jan. 12, 2016, 9 a.m.-11 a.m.

Provider Session: Jan. 12, 2016, 1 p.m.-3 p.m.

Family Session: Jan. 12, 2016, 6 p.m.-8 p.m.

Dell Children's Medical Center
[Signe Auditorium \(map, PDF\)](#)
4900 Mueller Blvd.
Austin, TX 78723

Belton/Temple/Waco

Date and location are still pending

Lubbock, TX

Family Session: Jan. 14, 2016, 9 a.m.-11 a.m.

Provider Session: Jan. 14, 2016, 1 p.m.- 3 p.m.

Family Session: Jan. 14, 2016, 6 p.m.- 8 p.m.

Texas Tech University

[ACB Building, 100 \(map, GIF\)](#)

3601 4th Street

Lubbock, TX 79430

San Antonio, TX

Provider Session: Jan. 22, 2016, 2 p.m.- 4 p.m.

Family Session: Jan. 22, 2016, 6 p.m.- 8 p.m.

Family Session: Jan. 23, 2016, 9 a.m.-11 a.m.

Children's Hospital of San Antonio

[Christopher Goldsbury Bldg \(map, PDF\)](#)

Auditorium, 5th Floor

333 N Santa Rosa Street

San Antonio, TX 78207

El Paso, TX

Family Session: Jan. 26, 2016, 9 a.m.-11 a.m.

Provider Session: Jan. 26, 2016, 1 p.m.- 3 p.m.

Family Session: Jan. 26, 2016, 6 p.m.- 8 p.m.

The Hospitals of Providence

Sierra Campus, Lower Level

(next to the cafeteria)

1625 Medical Center

El Paso, TX 79902

Fort Worth, TX

Family Session: Feb. 1, 2016, 9 a.m.-11 a.m.

Provider Session: Feb. 1, 2016, 1 p.m.- 3 p.m.

Family Session: Feb. 1, 2016, 6 p.m.- 8 p.m.

Cook Children's Medical Center

[Hochberger Auditorium \(map, PDF\)](#)

801 Seventh Avenue

Fort Worth, TX 76104

Dallas, TX

Family Session: Feb. 5, 2016, 11 a.m.-1 p.m.

Provider Session: Feb. 5, 2016, 2 p.m.- 4 p.m.

Family Session: Feb. 6, 2016, 9 a.m.-11 a.m.

Children's Medical Center

Ambulatory Care Pavilion

2350 North Stemmons Freeway

Dallas, TX 75207

Tyler, TX

Family Session: Feb. 10, 2016, 9 a.m.-11 a.m.

Provider Session: Feb. 10, 2016, 1 p.m.- 3 p.m.

Family Session: Feb. 10, 2016, 6 p.m.- 8 p.m.

Louise and Joseph Ornelas

Amphitheater

[G3215 \(map, PDF\)](#)

11937 U.S. Hwy 271

Tyler, TX 75708

Houston, TX

Provider Session: Feb. 19, 2016, 11 a.m.-1 p.m.

Family Session: Feb. 20, 2016, 9 a.m.- 11 a.m.

Family Session: Feb. 20, 2016, 12 p.m.- 2 p.m.

Texas Children's

Hospital - West

Campus

[18200 Katy Freeway](#)

[\(I-10 and Barker](#)

[Cypress\)](#)

Houston, TX 77094

Corpus Christi, TX

Family Session: Feb. 24, 2016, 9 a.m.-11 a.m.

Provider Session: Feb. 24, 2016, 1 p.m.- 3 p.m.

Family Session: Feb. 24, 2016, 6 p.m.- 8 p.m.

Driscoll Children's Hospital

Auditorium, 1st Floor

3533 S. Alameda Street

Corpus Christi, TX

In addition, HHSC will host two webinar information sessions:

Webinar Sessions

- Provider Session: Mar. 4, 2016, 11 a.m.-1 p.m. ([register online](#))
- Family Session: Mar. 5, 2016, 10 a.m.-12 p.m. ([register online](#))

Other HHSC Medicaid Initiatives

Dual Demonstration

On April 1, 2015, HHSC began to passively enroll full-dual eligible non-facility adults (age 21 and older) who are required to receive their Medicaid benefits through the STAR+PLUS managed care program and live in one of the six demonstration counties: Bexar, Dallas, El Paso, Harris, Hidalgo and Tarrant. In this model, the Medicare-Medicaid Plan (MMP) is responsible for coordinating the full array of Medicare and Medicaid services. This includes any benefits that were added to the STAR+PLUS service array on or after March 1, 2015, such as nursing facility and Community First Choice services. From August 1, 2015 – October 1, 2015, nursing facility dual eligibles were included in the passive enrollment process. This was the last passive enrollment group as part of implementation in 2015. The program is now fully implemented. HHSC will limit passive enrollment to an annual basis for the remaining length of the demonstration.

The first annual passive enrollment process took place January 1, 2016, enrolling a total of 9,409 new MMP clients. Total program enrollment is estimated to be 54,417 members with a 35% opt-out rate. Actual enrollment may be lower or higher, depending on the number of clients who opt into/out of the Dual Demonstration in any given month.

For more information about the demonstration, including Frequently Asked Questions (F.A.Q.'s), please visit the HHSC demonstration website at:

<http://www.hhsc.state.tx.us/medicaid/managed-care/dual-eligible/>.

Community First Choice

S.B. 7, 83rd Texas Legislature, Regular Session, 2013, directs HHSC to implement the most cost-effective option for the delivery of basic attendant and habilitation services for individuals with disabilities under the STAR+PLUS program to maximize federal funding. Prior to the passage of S.B. 7, habilitation services were only available in certain long-term services and supports (LTSS) waiver programs, and most of these programs have interest lists.

The Community First Choice (CFC) option in Texas was implemented on June 1, 2015, and it expands the availability of basic attendant and habilitation services to individuals with physical, intellectual, and developmental disabilities who meet an institutional level of care. The state receives a six percent increased federal match for CFC services, which is used in turn to fund services for individuals who today have no access to LTSS.

HHSC and DADS work closely together monitoring implementation, addressing issues or concerns as they are identified, and ensuring coordination of services. HHSC continues to meet with stakeholder groups including providers, MCOs, Promoting Independence Advisory Committee as the CFC Development and Implementation Committee, Local Intellectual and Developmental Disability Authorities, and Texas Council to gather feedback regarding CFC.

HHSC and DADS are providing a webinar for Aging and Disability Resource Center (ADRC) benefit counselors and other "front door" staff to learn about CFC. HHSC will also be conducting a CFC webinar for service coordinators as part of a training series. HHSC and its partners are soliciting feedback for future outreach and education efforts. Please email Amanda Dillon with recommendations at Amanda.Dillon@hhsc.state.tx.us.

HHSC rules for CFC became effective on June 1, 2015, and are in the process of being revised for minor revisions. The public comment period for DADS proposed CFC rules ended December 27, 2015. The expected effective date for DADS CFC rules is March 20, 2016.

New Federal Home and Community-based Services (HCBS) Rules

In March 2014, a new rule became effective governing HCBS setting requirements, including individuals' right to privacy, dignity, respect, community integration, access to competitive employment and optimization of individual choices concerning daily activities, physical environment and social interaction. The new rule also includes expectations governing how states implement person directed planning.

HHSC and DADS have developed web-based provider self-assessment tools and face-to-face participant assessment tools (residential and non-residential). The surveys for DADS 1915(c) participants will begin to be administered in February and the surveys for DADS providers will be administered beginning in March. The surveys for STAR+PLUS participants will begin in April and the surveys for STAR+PLUS providers will begin in April as well.

All states were required to submit a transition plan outlining the steps they will take to come into compliance with the regulations by 2019. HHSC submitted the statewide transition plan (STP) in December 2014 and a modified version which included a transition plan for the STAR+PLUS waiver in March 2015. Texas received feedback from CMS on the plan in September 2015 and HHSC, DADS and DSHS worked together to address CMS comments and modify the plan accordingly. The revised statewide transition plan was posted for public comment. The public comment period closed on January 19th. HHSC is currently reviewing the public comments received and intends on submitting the revised STP to CMS by February 1st.

Employment Initiatives

The Employment First Task Force is an interagency task force authorized by S.B. 1226, 83rd Legislature, Regular Session, 2013. The Task Force began meeting in April 2014. A report was sent to the Governor, the Legislature, and the HHSC Executive Commissioner in October 2014. The next meeting of the Task Force is February 29, 2016, where members will consider legislative recommendations for their next report, due September 1, 2016.

The Texas Education Agency and the Texas Workforce Commission have adopted the Employment First policy prescribed in S.B. 1226. HHSC is in the process of adopting a policy. State agency representatives on the task force are in the process of reviewing recommendations from the first report to the Legislature and providing implementation updates to the Task Force.

Visit the Department of Aging and Disability Services (DADS) website at the link below for more information on the Employment First Task Force, its members, and a link to the first report to the Legislature: <http://www.dads.state.tx.us/providers/supportedemployment/pi/index.html>

HHSC Rate Analysis Department Update

The 2015 Cost Reports for Long-Term Services and Supports programs will be released to providers on February 1, 2016. Providers will submit their cost report data through the STAIRS system, which is the web-based application used by HHSC Rate Analysis. The Nursing Facility and 24-hour Residential Child Care programs will submit their cost reports for the first time through STAIRS. Training for cost reports will begin in February 2016 through May 2016. Providers and external parties who would like to attend the training sessions that are held via webinars can view training information at the following link: <http://www.hhsc.state.tx.us/rad/long-term-svcs/cr-training.shtml>.

The 2015 Cost Reports will include some new items in order to collect data related to the following issues:

- Department of Labor Home Care Ruling: most home care workers are eligible to receive overtime and travel pay based upon the recent ruling. Rate Analysis has included some questions on the cost reports that will help determine the impact of the ruling on payment rates.
- Recruitment and retention: questions related to attendant's wages, wage growth and other related data have been added to the cost reports in response to HHSC Rider 89.

The Rate Analysis section will also be sending out surveys to certain provider groups throughout the first quarter of 2016. A survey will be sent to Financial Management Services Agencies (FMSAs) in order to collect wage data related to Consumer Directed Services (CDS) attendants in order to assess the impact of the Department of Labor Home Care Ruling since most attendants are now eligible to receive overtime and travel pay.

A separate survey will be sent to all LTSS programs that deliver attendant services in order to collect additional information related to attendant recruitment and retention that could not be collected on 2015 cost reports. This survey will collect, among other things, wage data, the types of benefits offered, and length of employment.

Also, a survey will be sent to DARS providers who participate in the Comprehensive Rehabilitation Services (CRS) program in order to provide feedback on the proposed Post Acute Brain Injury (PABI) Residential Services rate.

A public hearing for proposed rates for the Prescribed Pediatric Extended Care Centers (PPECC) program will be held in February of 2016. PPECC will become effective on November 1, 2016. Interested parties can access the proposed rates at the following link:
<http://www.hhsc.state.tx.us/rad/rate-packets.shtml>.

Lastly, development of the Quality Incentive Payment Program (QIPP) for Nursing Facilities (NF) is in progress which will replace the Minimum Payment Amounts Program (MPAP) on September 1, 2016. Supplemental payments to qualifying NFs will continue through QIPP based upon projects that will improve quality of care and innovation of care. Information on QIPP will be disseminated to all NF providers in the month of January.

For more information on HHSC Rate Analysis activities, please visit the Rate Analysis webpage on the HHSC website at <http://www.hhsc.state.tx.us/Rad/long-term-svcs/index.shtml>.

Transformation Update

The Health and Human Services (HHS) transformation is the result of Sunset legislation approved during the 84th legislative session. Transformation activities include a reorganization of the HHS system, consolidating client services, regulatory functions, and facility operations at HHSC as well as making the central focus of the Department of State Health Services (DSHS) on public health and the central focus of the Department of Family and Protective Services (DFPS) on protection of vulnerable Texans, both children and adults.

Acting on direction from the Texas Legislature, health and human services agencies have started activities that lay the groundwork for transformation of the health and human services system. Comments from HHS employees and stakeholders are being collected as 13 staff workgroups continue to explore options for restructuring the health and human services system.

The workgroups have been meeting since mid-November and have produced initial proposals showing their ideas for improving HHS programs and support units, an exercise in reorganizing the large pieces of each HHS agency. Those proposals are now being assessed for strengths and weaknesses and modified to prepare them for the next level of review, an HHS management

panel made up of agency commissioners and other executive staff. Once input from executive management, employees and stakeholders are factored into the workgroup proposals, the plans will be presented to the Transition Legislative Oversight Committee for review. The deadline for submitting the plans to the committee is March 1.

Meanwhile, input from HHS employees and stakeholders continue to roll in. So far, speakers have provided comments at public hearings in Austin, Abilene, Amarillo, El Paso, Grand Prairie, Houston, Tyler and Harlingen. In addition, more than 75 people have submitted comments through an online stakeholder survey, which remains open until Jan. 22.

More than 4000 employees from HHS agencies have submitted responses to an online employee survey (<https://www.surveymonkey.com/r/VB5YDV9>) which also remains open until Jan. 22. There are two sections in the survey, one asking general questions about the transformation and the second asking for comments specific to the restructuring of the HHS system. The 4000-plus employee responses represent about 7 percent of the HHS employee population.

Consistent with requirements and timeframes laid out in the legislation, a transition plan that outlines the processes and procedures to be used in the transformation will be drafted and shared with stakeholders in statewide public hearings and through other feedback channels prior to its submission to the Transition Legislative Oversight Committee whose membership was appointed during September. The transition plan must be submitted to the oversight committee for review and feedback no later than March 1, 2016 but it is hoped it can be shared with them before that date.

For an implementation timeline and other information on HHS Transformation, please visit the following site: <http://www.hhsc.state.tx.us/hhs-transformation/index.shtml>.

**Promoting Independence Advisory Committee
Department Activity Report**

Department Name:	Date:
Department of State Health Services (DSHS)	January 8, 2016
Legislation/Rider Update:	
HHSC Special Provisions for all Agencies, Sec. 52. of the 81 st Legislative Session (Waiting List for Children’s Community Mental Health Services) Rider 65 of the 81 st Legislative Session (Transitional and On-Going Community Mental Health Services)	
2013-2014 Promoting Independence Plan Directives:	
<p>1. <i>Requires legislative direction and/or appropriations.</i></p> <p><i>If directed and/or funded by the Legislature, HHSC will work with the Department of Aging and Disability Services (DADS), the Department of State Health Services (DSHS), and the Department of Assistive and Rehabilitative Services (DARS) to reduce community-based interest/waiting lists</i></p> <p>DSHS (via HHSC) received exceptional item funding (Sec. 52) to reduce the waiting list for children needing community-based mental health services at community mental health centers. Both child and adult waiting lists will be reported.</p> <ul style="list-style-type: none"> ○ Number of adults waiting for community-based mental health services = <u>1,263 as of November 30, 2015.</u> ○ Number of children waiting for community-based mental health services = <u>76 as of November 30, 2015.</u> <p>DSHS (via HHSC) received exceptional item funding (Sec. 52) for Children with Special Health Care Needs (CSHCN) to reduce waiting lists. Number of CSHCN waiting for community-based services:</p> <p>As of November 30, 2016 there were 103 children on the CSHCN Services Program waiting list for health care benefits. During the first quarter of FY 2016, 479 clients were removed from the waiting list to receive comprehensive health care benefits.</p> <p>2. <i>Requires legislative direction and/or appropriations.</i></p> <p><i>If directed and/or funded by the Legislature, HHSC will work with DSHS to implement a fully funded Assertive Community Treatment (ACT) service package as part of the Resiliency and Disease Management (RDM) program.</i></p> <p>DSHS received exceptional item funding (Rider 65) in enhance the capacity of the community-based mental health service system by increasing the number of persons receiving intensive community-based mental health service packages at community mental health centers, including Assertive Community Treatment (ACT).</p> <ul style="list-style-type: none"> ○ Number of persons receiving ACT = <u>2,004 in November 2015 (including NorthSTAR).</u> <p>3. <i>Requires legislative direction and/or appropriations</i></p>	

If directed and/or funded by the Legislature, HHSC will work with DSHS to provide services and supports for individuals leaving the state mental health facility (state hospital) system.

DSHS received exceptional item funding (Rider 65) to extend the post crisis/hospital benefit at community mental health centers from 30 to 90 days.

- Number of persons receiving service package 5 (crisis follow up) = 1,890 in November 2015 (including NorthSTAR).

Topics of Interest (*ongoing issues/projects*):

Reports attached

- Patients Admitted Three or More Times in 180 days
- Discharge Destination from State Hospitals
- Adults Readmitted to A State or Community Psychiatric Hospital Three or More Times in 180 Days Since FY 2001; Where are They Now?
- Children Readmitted to a State of Community Psychiatric Hospital Three or More Times in 180 Days Since FY 2001; Where are They Now?
- Quarterly Discharges: Hospitalized Patients Discharged After 365 Days (New Report added Q1 2016)

Follow-Up From Previous PIAC Request:

Youth Empowerment Services (YES) Waiver

As of December, 2015 the program enrolled 1006 active participants. The YES Program is in operation statewide utilizing a combination of Medicaid dollars and general revenue funds. Comprehensive waiver providers are contracted through an open enrollment process. The Local Mental Health Authority (LMHA) serves as the waiver administrator as well as the comprehensive waiver provider to afford additional choice across the state among providers.

- The YES Waiver has submitted three amendments to CMS.
 - Amendment 7 - Expansion to Dallas and several surrounding counties
 - CMS approval expected in February 2016
 - Amendment 8 – Statewide expansion of the waiver
 - CMS approval expected in March 2016
 - Amendment 9 – Inclusion of Foster Children in the waiver
 - CMS approval expected in June 2016
- DSHS continues to contract with the Texas Institute for Excellence in Mental Health (TIEMH) to provide YES Waiver implementation and organizational support to new and existing. TIEMH is partnering with DSHS to measure fidelity to wraparound in LMHAs serving YES clients as well.
- YES waiver service authorizations and provider billing are processed through an automated system. Improvements to the automated system will be complete by February 2016.

Home and Community-Based Services—Adult Mental Health: 1915 (i) State Plan Amendment

DSHS received exceptional item funding (Rider 81) to develop a Home and Community-Based Services (HCBS) program for adults with complex needs and extended or repeated state inpatient psychiatric stays as defined by the

Department. The Department was authorized to seek federal approval for a Medicaid 1915(i) state plan amendment (SPA) to enable federal financial participation, to the extent possible, in the HCBS program in collaboration with the Health and Human Services Commission (HHSC).

The 1915(i) SPA for HCBS was formally submitted to Centers for Medicare and Medicaid Services (CMS) in July 2014. There were 13 rounds of informal requests for additional information. CMS responded to the application with a formal request for additional information to which DSHS responded in August 2015. Texas received federal approval of the HCBS SPA from CMS on October 13, 2015.

Open enrollment applications for provider agencies and recovery management entities have been posted and DSHS is actively recruiting providers. DSHS has four providers that have passed the open enrollment review process that plan to serve six service regions across Texas. Upon an executed contract with a provider agency and recovery management entity, HCBS-AMH may begin enrolling individuals into the program.

There was legislation passed during the 84th Regular Legislative Session in House Bill 1, Rider 61.b that directs DSHS to expand home and community based services to divert jail and emergency room populations to community based treatment. DSHS is currently soliciting feedback from various stakeholder groups to inform the development and implementation of the expanded HCBS program. DSHS has hosted four in-person stakeholder meetings and 12 targeted calls for stakeholders across Texas that have been unable to attend in person. The final stakeholder meeting will be held January 25th and will target family members and potential beneficiaries.

DSHS intends to amend the current SPA to include the new jail and emergency room diversion populations. It is anticipated that the amendment will be submitted by February 2016 and will take seven to nine months for CMS to approve the SPA amendment. DSHS will operate the expansion using general revenue until CMS approves the SPA amendment.

Money Follows the Person Behavioral Health Pilot and Related Efforts

The Money Follows the Person Behavioral Health Pilot (Pilot) in Bexar, Atascosa, Wilson, Guadalupe, Williamson, Hays, and Travis Counties (San Antonio and Austin) helps individuals with co-occurring physical and mental health/substance abuse conditions leave nursing facilities and live independently in the community. Two pilot services, Cognitive Adaptation Training (CAT) and substance abuse counseling, are currently provided by the Center for Health Care Services (CHCS), San Antonio's local mental health authority (LMHA), the University of Texas Health Science Center at San Antonio (UTHSCSA), and Austin Travis County Integral Care (ATCIC). CAT is an evidence-based rehabilitative service that provides assistance to improve adaptive functioning by helping individuals establish daily routines, organize their homes, and hone their community living skills. Examples of increased independence include getting a paid job at competitive wages, driving to work, volunteering, getting a GED, teaching art classes, leading peer support groups, and working toward a college degree.

Significant updates since the last report include the following:

- The total number of people who have received at least one day of pilot services in the community since the start of the pilot in 2008 is 406. Of these, 218 have successfully completed one year of pilot services in the community. Almost 70% of those who left nursing facilities under the pilot have successfully maintained independence in the community. In addition, pilot participants have shown statistically significant improvements in functioning independently. Participants show increased functional status and quality of life across time, and gains achieved during the intervention persist for at least a year after the end of services.
- CAT services have reached maximum capacity in the Austin and San Antonio service delivery areas due to robust outreach and recruitment efforts. New participants are enrolled as others transition off services. The

pilot is currently serving 58 clients in the community and 35 in nursing facilities (pre-transition).

- The cognitive challenges faced by pilot participants are similar to those faced by some long term residents of state psychiatric facilities. DSHS has been working with CHCS to provide pilot services to individuals at the San Antonio State Hospital (SASH). This effort is funded with Mental Health Block Grant dollars. To date, 42 individuals have relocated from the state hospital into the community.
- UTHSCSA has continued to outreach LMHA staff and has provided training in Illness Management and Recovery (IMR) and CAT, funded under an MFP administrative grant award. To date, 4,560 supervisors and direct care staff members have been trained in the IMR psychosocial rehabilitative curriculum. In addition, 295 direct care staff members have received CAT certification.
- In October, DSHS staff conducted an MFP site visit to the San Antonio pilot site to ensure fidelity to the CAT model and to evaluate program implementation and effectiveness. The visit allowed staff to obtain in-depth information concerning administrative and operational aspects of the program. In addition, the site visit allowed staff to gather input from MFP participants to ensure that services reflect the values inherent in patient-centered care.
- Staff continued planning activities to develop a center of excellence to provide training and technical assistance to MCOs and their networks that would enable them to deliver evidence-based rehabilitative services (CAT). In addition, the center of excellence would create a learning community with resources to assist MCOs in understanding the implications of SUD disorders for institutionalized populations and provide them with strategies to deliver SUD services to individuals transitioning from institutions.
- DSHS continues to work with the UT School of Social Work's Addiction Research Institute (UTARI) to evaluate the pilot. This quarter, UTARI continued their review of Minimum Data Set (MDS) and AVATAR data to examine whether information in these datasets, such as participant physical, psychological, and psychosocial functioning measures, diagnoses, medical assessments etc., can help predict (1) characteristics of participants that successfully returned to the community and (2) which participants remained in the community over time. In addition, UTARI staff conducted interviews with MFP pilot participants. DSHS staff will continue to use evaluation results to inform policy recommendations, facilitate programmatic improvement, and promote and disseminate effective practices relating to community transition for adult nursing facility residents with behavioral health conditions.

Mental Health Best Practices, Promising Practices and Evidence-based Practices (formerly Mental Health Transformation Initiatives)

Mental Health Transformation initiatives were activities designed to bring the latest evidence based and promising practices into the public mental health system for the benefit of consumers and family members. The focus of these practices is to promote recovery and build resilience for the people we serve. MHT activities and initiatives have been integrated into programming within the Mental Health and Substance Abuse Division. Programming within DSHS is informed by the Division's overall mission:

To improve health and well-being in Texas by providing leadership and services that promote hope, build resilience, and foster recovery.

- Recovery Supports RFP is still under consideration. Anticipated award date is January 1st, 2016.
- Texas Mental Health Resource: Via Hope: Continued to provide training and technical assistance to Local Mental Health Authorities, State Hospitals and Consumer Run Organizations as well as peer and family partner certification and training through the end of their contract period. They completed the online PCRCP module and it is available for use. Via Hope provided a training in August for MHSA staff on the basics of Person Centered Recovery Planning which was well received. They continued limited activities on a month by month extension, current to the time of this report, due to ongoing contract negotiations.

- The UT Center for Social Work Research, Institute for Excellence in Mental Health, has been in the planning stages as their contract is not yet executed.

Centralized Training Infrastructure for Evidence-based Practices

The Centralized Training Infrastructure for Evidence Based Practices (CTI-EBP) is designed to aid in the development of a training infrastructure to support the delivery of mental health services in Texas for the adult and youth populations. The Department of State Health Services (DSHS) Mental Health and Substance Abuse Division developed this project as a mechanism to ensure that providers contracted by the Department and delivering mental health services did so using evidence-based practices. The infrastructure promotes and supports the utilization of evidence-based and promising practices to facilitate resiliency and recovery, and increase positive outcomes for individuals utilizing behavioral health services in the Texas mental health system. DSHS has contracted with the University of Texas Health Science Center, Department of Psychiatry to coordinate and implement this project.

The training infrastructure includes many evidence-based practices, including, but not limited to Illness Management & Recovery (IMR), Cognitive Adaptation Training (CAT), Cognitive Processing Training (CPT), Social Skills and Aggression Replacement, Nurturing Parent, Motivational Interviewing and Person Centered Recovery Planning. To date approximately 10,000 providers have completed online or face-to-face training modules within the infrastructure. The CTI-EBP is free to those with DSHS funded contracts and through partnerships with other state agencies. The CTI-EBP is utilizing E-Commerce to charge non-subsidized (non-DSHS contracted providers) for web-based training that offers continuing education units (CEUs).

DSHS continues to work with other community and enterprise partners to identify training gaps with an eye towards assisting in the development of a competent workforce (by offering appropriate training opportunities). Current enterprise partners include the Department of Aging and Disability Services. DADS has just released a free online course which teaches how to support someone with an IDD who has suffered trauma. This training module focusses on the signs and symptoms of trauma, the impact of trauma on someone with an IDD, and how to use a trauma-informed care approach with people you support. If you care for, support or advocate for a person with an IDD, DADS encourages you to take this free online course: <https://tango.uthscsa.edu/mhwidth>

For more information regarding the training infrastructure, please use the following link <https://tango.uthscsa.edu/cttesting/>.

Relevant Meeting Notices:

Note: Please note that due to grace periods in the submission of encounter data by funded community mental health centers to DSHS, the values listed in this report do not freeze until 37 days after the last day of FY2016 Quarter 1.

Also note that this report is completed and compiled in collaboration with DSHS Children with Special Health Care Needs (CSHCN) Services Program, DSHS Mental Health and Substance Abuse (MHSA) Division Decision Support staff, DSHS MHSA Special Projects Unit staff, DSHS MHSA Adult Program Services Staff, DSHS MHSA Senior Policy Analyst Office and DSHS Hospitals Section staff.

Report Completed By: _____ Carissa Dougherty _____

Telephone/Contact Number: _____ (512) 206-5347 _____

DSHS PIAC Status Report

**ADULTS Readmitted to a State or Community Psychiatric Hospital Three or More Times in 180 Days Since FY2001:
Where Are They Now In the Community Mental Health System?**

	FY2016											
	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Number Readmitted Three or More Times in 180 Days Since FY2001	4,850	4,862	4,875									
Number Receiving Services	1,607	1,580	1,595									
Level of Care Received												
Crisis Services	108	98	97									
Level of Care 1 M Medication Management	4	4	4									
<i>Average Service Hours</i>	0.13	0.21	0.42									
Level of Care 1 S Skills Training	742	726	733									
<i>Average Service Hours</i>	1.2	1.27	1.35									
Level of Care 2 Medication, Coordination and CBT	8	8	8									
<i>Average Service Hours</i>	4.63	4.3	2.47									
Level of Care 3 Medication, Psychosocial Rehabilitation	459	451	453									
<i>Average Service Hours</i>	5.76	5.47	4.94									
Level of Care 4 Assertive Community Treatment (ACT)	265	273	279									
<i>Average Service Hours</i>	7.05	7.51	6.4									
Level of Care 5 Crisis Follow up	14	12	11									
Client Refused Services	0	0	0									
Waiting for All Services	7	8	6									
Not Eligible for Services	0	0	4									
Percent Appropriately-Authorized	94.8	95.9	95.4									

Notes: Clients who are "appropriately-authorized" generally receive the same service package as that recommended during assessment. Also, average monthly community service hours per client may be considered somewhat low, since these clients may have been in the hospital. Please note that due to grace periods in the submission of encounter data by funded community mental health centers to DSHS, the values listed in this report do not freeze until 37 days after the last day of FY2016 Quarter 1.

Source: DSHS Client Assignment and REGistration (CARE) system and Clinical Management For Behavioral Health Services warehouse, 12/30/2015.

DSHS PIAC Status Report

**CHILDREN Readmitted to a State or Community Psychiatric Hospital Three or More Times in 180 Days Since FY2001:
Where Are They Now In the Community Mental Health System?**

	FY2016											
	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Number Readmitted Three or More Times in 180 Days Since FY2001	362	363	366									
Number Receiving Services	50	57	60									
Level of Care Received												
Crisis Services	1	1	2									
Level of Care 1 Medication Management	2	2	3									
<i>Average Service Hours</i>	2.08	1.63	2.36									
Level of Care 2 Targeted Services	3	3	3									
<i>Average Service Hours</i>	2.83	1.92	1.22									
Level of Care 3 Complex Services	0	0	0									
<i>Average Service Hours</i>	0	0	0									
Level of Care 4 Intensive Family Services	2	2	2									
<i>Average Service Hours</i>	7.03	6.47	4.25									
Level of Care 5 Transitional Services	1	2	3									
<i>Average Service Hours</i>	0.55	1.75	3.44									
Level of Care CYC - Young Children Services	0	0	0									
<i>Average Service Hours</i>	0	0	0									
Client Refused Services	0	0	0									
Waiting for services	39	44	45									
Not Eligible for Services												
Percent Appropriately-Authorized	86.1	83.3	87.5									

Notes: Clients who are "appropriately-authorized" generally receive the same service package as that recommended during assessment. Also, average monthly community service hours per client may be considered somewhat low, since these clients may have been in the hospital. Please note that due to grace periods in the submission of encounter data by funded community mental health centers to DSHS, the values listed in this report do not freeze until 37 days after the last day of FY2016 Quarter 1.

Source: DSHS Client Assignment and REgistration (CARE) system and Clinical Management Behavioral Health Services warehouse, 12/30/2015.

Control Chart Master

Quarters by FY	Discharges	Average	UCL	LCL	MR	MR-Bar
2009 Qtr3	40	68	101	36		12.4
2009 Qtr4	40	68	101	36	0	12.4
2010 Qtr1	58	68	101	36	18	12.4
2010 Qtr2	41	68	101	36	17	12.4
2010 Qtr3	44	68	101	36	3	12.4
2010 Qtr4	77	68	101	36	33	12.4
2011 Qtr1	54	68	101	36	23	12.4
2011 Qtr2	64	68	101	36	10	12.4
2011 Qtr3	61	68	101	36	3	12.4
2011 Qtr4	70	68	101	36	9	12.4
2012 Qtr1	75	68	101	36	5	12.4
2012 Qtr2	63	68	101	36	12	12.4
2012 Qtr3	77	68	101	36	14	12.4
2012 Qtr4	79	68	101	36	2	12.4
2013 Qtr1	75	68	101	36	4	12.4
2013 Qtr2	56	68	101	36	19	12.4
2013 Qtr3	59	68	101	36	3	12.4
2013 Qtr4	65	68	101	36	6	12.4
2014 Qtr1	63	68	101	36	2	12.4
2014 Qtr2	70	68	101	36	7	12.4
2014 Qtr3	70	68	101	36	0	12.4
2014 Qtr4	115	68	101	36	45	12.4
2015 Qtr1	63	68	101	36	52	12.4
2015 Qtr2	70	68	101	36	7	12.4
2015 Qtr3	76	68	101	36	6	12.4
2015 Qtr4	82	68	101	36	6	12.4
2016 Qtr1	85	68	101	36	3	12.4
2016 Qtr2						
2016 Qtr3						
2016 Qtr4						
2017 Qtr1						
2017 Qtr2						
2017 Qtr3						
2017 Qtr4						
2018 Qtr1						
2018 Qtr2						
2018 Qtr3						
2018 Qtr4						

Notes for the completion of the Control Chart:

Within the cell " C4 ", adjust the formula to only calculate the average of the range of the last 30 Quarters. IE: =AVERAGE(B108:B140)

Within the cell " G4 ", adjust the formula to only calculate the mr-bar of the range of the last 30 Quarters. IE: =AVERAGE(\$F\$108:\$F\$140)

After making the changes to the data formulas, go to the ControlChart tab, right-click the chart, select Change Data, select the field for Chart Data Range to change the data selection criteria to match the last 33 months.

Discharges from State Hospitals - FY2016

Placement	Patients Discharged After Being Hospitalized for 365 Days		Patients Discharged After Being Hospitalized for 365 Days	
	All Patients	All Patients	All Patients	All Patients
	Q4 – FY15		Q1 – FY16	
No Entry*	1			
BHO Care	1		7	
Death	1		6	4
Domestic Abuse Shelter	2			
ICF/MR	2		3	
Jail or Other Correctional Facility	507	36	491	19
Medical/Inpatient Facility	8	1	4	1
MHA/MRA	224	5	206	6
Nursing Home	25	8	31	15
Other Agency Arranged (e.g. CPS)	26	1	26	
Other State Hospital	66	15	59	14
Out of State	6	1	1	
Personal Care/Group Home	217	2	180	9
Private Psychiatric Hospital	5		5	
Private Residence	1272	11	1245	13
Respite	80		56	1
State Supported Living Center	12		7	1
State-Funded Community Psychiatric Hospital	2	1		
Substance Abuse Center	17		13	
Supportive Housing	22		8	1
UD Involuntary	6	1	4	
UD Voluntary			3	
VA Care	6		4	1
Total	2508	82	2359	85

Patients Hospitalized for More Than One Year

Date	Total	Civil Total	Forensic Total	Voluntary Total	Needs Continued Hospitalization	Accepted for Placement	Barrier to Placement	Court Involvement
1/01/1998	627							
1/01/1999	468							
10/01/1999	427				316	45	9	57
2/24/2000	390				315	30	16	29
5/31/2000	374				286	37	23	28
8/31/2000	351				240	22	41	48
11/30/2000	380				241	19	55	65
2/28/2001	380				218	32	64	66
5/31/2001	398				263	10	63	62
8/31/2001	372				229	12	62	69
11/30/2001	350				245	15	27	63
2/28/2002	357				221	23	27	86
5/31/2002	372				220	16	31	105
8/31/2002	395				211	21	38	126
11/30/2002	386				206	13	36	131
2/28/2003	367				198	16	26	127
5/31/2003	383				213	14	29	127
8/31/2003	393				226	11	15	141
11/30/2003	376				221	10	18	127
2/29/2004	374				226	4	15	129
5/31/2004	369				228	7	19	115
8/31/2004	355				218	11	19	107
11/30/2004	363				209	10	21	123
2/28/2005	384				227	16	14	127
5/31/2005	373				209	15	27	122
8/31/2005	380				213	15	19	133
11/30/2005	400	231	162		364	13	19	4
2/28/2006	396	226	170		360	10	21	5
5/31/2006	417	229	188		374	9	29	5
8/31/2006	435	219	216		389	15	25	6
11/30/2006	446	212	234		416	6	17	7
2/28/2007	453	203	250		384	31	26	12
5/31/2007	449	205	244		391	29	19	10
8/31/2007	444	190	254		389	24	20	11
11/30/2007	473	200	273		422	9	28	14
2/29/2008	459	203	256		402	18	22	17
5/31/2008	469	208	261		422	13	16	18
8/31/2008	477	212	265		438	8	15	16

<i>Date</i>	<i>Total</i>	<i>Civil Total</i>	<i>Forensic Total</i>	<i>Voluntary Total</i>	<i>Needs Continued Hospitalization</i>	<i>Accepted for Placement</i>	<i>Barrier to Placement</i>	<i>Court Involvement</i>
11/30/2008	504	221	283		457	10	18	19
2/28/2009	514	232	282		469	5	23	17
5/31/2009	546	235	311		497	6	23	20
8/31/2009	584	247	337		521	12	28	23
11/30/2009	586	245	341		527	10	25	24
2/28/2010	605	246	359		545	7	28	25
5/31/2010	625	250	375		538	19	42	26
8/31/2010	642	262	380		537	17	56	32
11/30/2010	663	262	401		564	14	50	35
2/28/2011	655	252	403		536	38	50	31
5/31/2011	654	247	407		553	11	48	42
8/31/2011	638	240	398		554	5	44	35
11/30/2011	655	252	403		536	38	50	31
2/29/2012	682	249	433		580	14	46	42
5/31/2012	668	229	417	22	572	26	30	40
8/31/2012	662	208	416	38	586	18	28	30
11/30/2012	641	187	415	39	557	13	39	32
2/28/2013	654	187	432	35	556	8	36	54
5/31/2013	677	176	466	35	567	11	36	63
8/31/2013	701	177	484	40	567	12	52	70
11/30/2013	706	180	489	37	583	18	32	73
2/28/2014	710	188	485	37	593	8	39	70
5/31/2014	731	193	505	33	606	10	35	80
8/31/2014	686	160	493	33	557	9	36	84
11/30/2014	695	179	493	23	571	11	34	79
2/28/2015	701	180	500	21	559	14	35	93
5/31/2015	727	188	514	25	500	106	38	83
8/31/2015	728	194	508	26	486	106	41	95
11/30/2015	716	185	508	23	563	10	37	106

**Data for the Period Ending : 08/31/2015, is InComplete, data from WCFY (1 record) was not received prior to completion of this report.*

**Promoting Independence Advisory Committee
Department Activity Report**

**1st Quarter 2016
September, October, November**

DEPARTMENT NAME:	DATE:
Department of Assistive and Rehabilitative Services (DARS)	January 21, 2016
LEGISLATION/RIDER UPDATE	
Legislative Implementation Activities	
<u>Transition to Texas Workforce Commission (TWC)</u>	
<ul style="list-style-type: none"> • Senate Bill (SB) 208 directs the transfer of the following to the Texas Workforce Commission (TWC) on September 1, 2016: <ul style="list-style-type: none"> • Vocational Rehabilitation (VR) General and Blind, including the Criss Cole Rehabilitation Center (CCRC); • Business Enterprises of Texas (BET); • Independent Living (IL) for Older Individuals who are Blind; and • 1,860.9 DARS Full Time Equivalent (FTEs) and \$309,078,198 in funding. • SB 208 also requires that the transition of these programs be included in the Health and Human Services Commission (HHSC) transition plan and overseen by the HHSC Legislative Oversight Committee. <ul style="list-style-type: none"> • The draft transition plan was completed and approved by the TWC Commissioners at their meeting on September 28, 2015 and submitted to the HHSC Legislative Oversight Committee, Office of the Lieutenant Governor, Office of the Governor, and the Speaker of the House on October 1, 2015. The draft transition plan can be found at http://www.twc.state.tx.us/files/news/dars-transition-plan-twc.pdf. • Implementations of plan activities have been initiated and teams comprised of DARS, TWC and HHSC staff are meeting regularly to ensure a successful transition of programs to TWC. • On November 9, 2015, DARS employees were notified whether they would be transitioning to HHSC or TWC on September 1, 2016. 	
<u>Workforce Innovation and Opportunity Act</u>	
<ul style="list-style-type: none"> • The Workforce Innovation and Opportunity Act (WIOA) was signed into law on July 22, 2014. Most provisions took effect on July 1, 2015 although some, such as changes to the Rehabilitation Act of 1973 as amended, took effect upon signing. Others do not take effect until 2016. • WIOA is the authorizing legislation for the VR and IL programs operated by DARS. <ul style="list-style-type: none"> • As required by the Paperwork Reduction Act, the US Department of Labor and US Department of Education are seeking comment through January 22, 2016 on the proposed WIOA State Plan information collection request 	

(ICR). A copy of the Federal Register Notice for this collection, proposed ICR and supplement, and supporting statement may be accessed at: http://www.reginfo.gov/public/do/PRAViewICR?ref_nbr=201512-1205-001.

- WIOA requires that states prepare a combined state plan for core workforce programs, which include programs operated by DARS and TWC. The combined state plan outlines the state's vision and strategy for carrying out activities under each program.
- TWC, which operates five of the six core programs under WIOA and DARS worked together during the summer of 2015 to draft the combined state plan. As part of the plan development process, DARS and TWC conducted seven joint public meetings across the state to receive public comment to inform the development of the combined state plan. DARS and TWC also collected written comment until September 18, 2015.
- The draft combined state plan was posted for public comment by TWC on November 5, 2015.
 - Public comments were received until December 4, 2015.
 - DARS and TWC will review and consider written comments when finalizing the combined state plan.
- The combined state plan must be approved by the Governor and submitted to the U.S. Department of Labor by March 3, 2016. New WIOA performance accountability provisions for all core programs take effect on July 1, 2016.

Outsourcing of Independent Living Services

- House Bill (HB) 2463 directs DARS to outsource all services provided under the IL Services Program to Centers for Independent Living (CILs) by August 31, 2016.
- The Sunset Commission Staff Report includes a management action to evaluate the capacity of CILs to provide a full range of IL services in all areas of the state.
- DARS competitively solicited a consultant to assist the agency with this evaluation and has signed a contract for these services with the Public Consulting Group (PCG).
- In addition, DARS has initiated a cross-agency project to guide the consolidation of the IL programs and the outsourcing of service delivery.
- Public Consulting Group (PCG), the selected contractor, traveled to Austin to visit with DARS staff on November 19-20, 2015. During the visit, PCG met with the CIL Directors on November 20, 2015 to answer questions about the project and next steps. All 27 CILs were represented. CILs will have the opportunity to decide whether they are interested in providing IL services in the outsourced model.
- On December 14, 2015, DARS updated stakeholders on the progress of the integration of the DARS IL program for individuals who are blind or have visual impairments and the IL services program for individuals who are significantly disabled as well as the outsourcing of the integrated IL program to CILs or other organizations.
- DARS has developed a project website that provides an overview of the project, timelines, contact information, and frequently asked questions. This webpage is the central location for stakeholders to access continuing information on DARS IL

programs throughout the project, outsourcing, and transition to HHSC. The DARS IL Outsourcing webpage can be found at <http://www.dars.state.tx.us/services/outsourcing.shtml>.

- DARS staff continues to work to develop policies, procedures, and rules for the combined program.

2010-2011 PROMOTING INDEPENDENCE PLAN DIRECTIVES

Requires legislative direction and/or appropriations. If directed and/or funded by the Legislature, HHSC will work with the Department of Aging and Disability Services (DADS), the Department of State Health Services (DSHS), and the Department of Assistive and Rehabilitative Services (DARS) to reduce community-based interest/waiting lists.

Comprehensive Rehabilitation Services Program

The DARS Comprehensive Rehabilitation Services (CRS) program is working with HHSC to move forward with required changes in program rules, policies, standards, and data systems necessary to support a revised rate methodology and rate structure. These changes are necessary to initiate a new rate structure, data collection requirements, and to implement a utilization review framework for Post-Acute Brain Injury (PABI) residential services. DARS and HHSC will seek provider input as appropriate.

As of November 30, 2015 in Fiscal Year (FY) 16, the CRS program has:

- served 608 consumers;
- a waiting list of 67 individuals; and
- closed 77 cases successfully.

DARS Division for Rehabilitation Services Independent Living Services Program

As of November 30, 2015 in FY 16, the DARS Division for Rehabilitation Services (DRS) IL Services Program has:

- served 1,737 Texans with significant disabilities;
- closed 173 cases successfully;
- a waiting list of 30 consumers; and
- an interest list of 1,173 individuals.

DARS Division for Blind Services Independent Living Program

As of November 30, 2015 in FY 16, the Division for Blind Services (DBS) IL program served 1,939 individuals.

Rider 21 of the 2016-2017 biennium budget made \$200,000 available to the DBS IL program for the purchase of assistive technology for individuals who, without these technologies and devices, would be placed in nursing homes or otherwise removed from their communities.

As of November 30, 2015 in FY 16, 60 consumers who were at risk of entering nursing homes or similar institutions were served, obligating an estimated \$38,828.67.

TOPICS OF INTEREST (ONGOING ISSUES/PROJECTS)

Other DARS Initiatives

DARS Division for Rehabilitation Services Vocational Rehabilitation Transition Services

DARS Division for Rehabilitation Services (DRS) Vocational Rehabilitation (VR) Transition Services provides transition planning services to eligible students with disabilities through the VR program. These services prepare students with disabilities to move from receiving education services to receiving VR services. Additionally, transition planning services help minimize potential delays in service delivery during the transition from school to competitive employment or independence.

As of November 30, 2015 in FY 16, the VR program has:

- served 21,052 eligible transition age consumers; and
- closed 753 transition age consumer cases successfully.

DARS DRS has approximately:

- 102 transition vocational rehabilitation counselors (TVRCs) located in offices across the state; and
- 265 VR counselors who work with transition consumers and serve as liaisons to high schools.

DARS DRS is currently working on implementing changes to transition policies and procedures, as required by WIOA. These changes will lead to increased partnerships with schools and community partners, working with students earlier, and greater preparation for work and independence.

Project SEARCH is a one-year unpaid internship program for students with disabilities in their last year of high school and is targeted toward students whose goal is competitive employment. DARS began working with the model in 2013 in Austin, TX which was the first Project SEARCH site in Texas. Due to a grant awarded by the Texas Council for Developmental Disabilities awarded to Texas Tech Burkhart Center, Project SEARCH's growth in TX has increased from that 1 program in the 2012-13 school year to 17 programs in the 2015-16 school year. The 2014 graduating class exceeded the program's international average of 73 percent employment with 78 percent of the interns in Texas achieving successful employment. The 2015 graduating class is already seeing great success with average employment outcomes in the 76 percent range and growing.

Due to the success of the Project SEARCH model for transition students, there is growing interest among staff and stakeholders to develop a model for adults in Texas. An adult model will require additional partners and a different funding structure. Therefore, DARS has formed a statewide advisory committee to advise the program on the sustainability for this type of model as well as continued growth in the transition model. This committee will work closely with the National Project SEARCH office in Ohio to ensure both models follow the core components.

DARS Division for Blind Services Transition Services

DARS Division for Blind Services (DBS) Transition Program currently has 26 counselors located in offices across the state. DARS and the Texas School for the Blind and Visually Impaired have a long-standing interagency agreement to coordinate services for blind and visually impaired youth.

As of November 30, 2015 in FY 16, the DBS Transition Program has:

- successfully transferred 21 consumers to the adult VR program;
- staffed 25 of the 26 transition counselor positions; and
- served 1,957 transition age consumers.

DARS Autism Program

The DARS Autism Program procured new contracts for FY 16 with a goal of expanding into new service areas. As a result of this procurement, the Autism Program signed contracts with:

- Autism Treatment Center in San Antonio
- Bluebonnet Trails Community Services in Austin and surrounding counties
- Center for Autism and Related Disorders (Austin, Corpus Christi, DFW, Houston and San Antonio)
- Central Texas MHMR in Brownwood
- Easter Seals East Texas (Bryan and Texarkana)
- Easter Seals North Texas in DFW
- MHMR of Harris County
- MHMR of Concho Valley in San Angelo
- Paso del Norte Children's Development Center in El Paso
- Texana Center in Sugarland and Rosenberg
- University of Texas Rio Grande Valley

The Autism Program is identifying and engaging additional providers, including local intellectual development disability authorities and university programs, to maximize geographic coverage across the state.

The Autism Program rules have been revised to reflect that children enrolled after September 1, 2015, are only eligible for focused treatment services. DARS took written public comments on proposed rules and they became effective on December 27, 2015.

Texas Autism Research and Resource Center

The Texas Autism Research and Resource Center (TARRC) has redesigned its website. The TARRC serves as a support to Texans with autism, their families, community leaders, and researchers. The website is one method the TARRC uses to disseminate information and resources. The purpose of the redesign is for the website to be user-centric with more meaningful content and improved navigation. The website can be found at <http://www.dars.state.tx.us/tarrc/index.html>.

RELEVANT MEETING NOTICES

Rehabilitation Council of Texas (RCT)

January 25-26, 2016 (*Joint meeting with State Independent Living Council*)

9:00 a.m.

Austin Marriott South

4415 S. IH 35

Austin, Texas 78744

Texas Council on Autism and Pervasive Developmental Disorders (TCAPDD)

March 16, 2016

10:00 a.m. – 3:30 p.m.

The Arc of the Capital Area

4902 Grover Ave.

Austin, Texas 78756

Early Childhood Intervention (ECI) Advisory Committee

April 6, 2016

10:00 a.m.

Brown-Heatly Public Hearing Room 1420-1430

4900 N. Lamar Blvd.

Austin, Texas 78751

Report Completed By: Shiloh Gonzalez

Telephone/Contact Number: (512) 377-0646

Promoting Independence Advisory Committee Department Activity Report

Department of Family and Protective Services (DFPS) January 2016

Legislation/Rider Update

DFPS Key Bill Summary (83rd Legislative Session):

Senate Bill 7 Health and Human Services Commission (HHSC) staff have been holding regular meetings and workgroups on SB 7. DFPS is involved when one of the workgroups is focusing on an area of implementation that impacts children in DFPS conservatorship.

The bill requires the system for delivering acute and long-term care to individuals with intellectual disabilities (IID) to be redesigned and implemented using managed care. The bill allows for pilot programs and requires the transition of the waiver programs into managed care. The bill also requires the Department of Aging and Disability Services (DADS) and HHSC to develop and implement specific systems related to IID services and payment systems. There are several implementation dates within the bill that run from 2013 to 2020. DFPS is working throughout the system change process with DADS and HHSC to ensure that DFPS concerns about possible impacts on the abuse, neglect, and exploitation investigations are addressed.

Senate Bill 1226 DFPS is involved in the Employment First Task Force to promote competitive employment for individuals with disabilities who receive public benefits. DFPS is represented on the task force and information has been disseminated to the Task Force describing CPS services for youth with disabilities. Duties of the task force include making policy and program recommendations and the submission of a report. The HHS System should be adopting an Employment First Policy in early 2016.

House Bill 2683 became effective January 1, 2014. It relates to employment in certain consumer directed services (CDS) programs and by certain facilities and to the nurse aid registry and the employee misconduct registry. It ensures that employees hired through the CDS program are eligible to be listed on the employee misconduct registry (EMR) or the nurse aide registry. APS trained field staff and sent out Procedural Memo PM14-002 December 30, 2013 on the changes resulting from this bill in preparation for the January 1, 2014 effective date. DFPS implemented a process to enable APS to list CDS provider employees on the EMR. DFPS plans to update an existing interface between the IMPACT case management system and the internal-to-DFPS EMR database to accommodate CDS providers. This interface will be in place by calendar year end or by August 2016, depending upon IT resources.

Legislation from the 84th Legislative Session

House Bill 1809 requires the Employment-First Task Force (Texas Government Code Sec. 531.02448) to establish an advisory committee to make recommendations for increasing and expanding postsecondary educational opportunities and access for individuals with intellectual or developmental disabilities. This bill is a companion to Senate Bill 38. The bill outlines the membership of the committee and requires a report. Although DFPS is represented on the Employment-First Task Force created by Senate Bill 1226 during the 83rd Legislative Session, DFPS is not named to serve on this proposed advisory committee, so the bill will have no direct impact to DFPS. The advisory committee may eventually make recommendations that could positively impact DFPS clients if implemented, however.

Senate Bill 507 allows a parent, school board member or staff member at a public school to request that any self-contained special education classroom have a video camera installed to videotape the activities in the classroom, purportedly to protect the safety of the children in the classroom. Changes to CPS Investigations policy are forthcoming and will include training for CPS staff and special investigators.

Senate Bill 1259 increases the ability of a teacher to give input into the development of the education plan of a child with a disability. The bill also requires a regular education teacher attending an Admission Review and Dismissal (ARD) committee to be a teacher who is responsible for implementing a portion of the child's Individual Education Plan (IEP), and requires the ARD to keep notes regarding what happened at the meeting.

SB 1880/SB 760 ensure continued State of Texas compliance with CMS requirements for the health and welfare of recipients of Home and Community-based Services (HCBS), particularly requirements related to abuse, neglect, and exploitation. The bills expand authority for the APS Provider/Facility Investigations program to investigate all HCBS providers whether the services are provided in a traditional or managed care delivery model. The bill also clarifies and addresses the gaps and inconsistencies that have resulted from the evolving service delivery changes and changes in contracting arrangements. DFPS worked with HHSC, DADS and DSHS to implement the bills and will continue to work with those agencies and external stakeholders to improve investigation processes.

Senate Bill 1889 attempts to make it easier for families to receive mental health services for their child in DFPS conservatorship without having a finding of abuse or neglect, and to encourage joint managing conservatorship in certain cases. The bill adds an exemption to the definition of "neglect" in the Family Code; prohibits DFPS from making a finding of abuse or neglect against a parent(s) in a case in which DFPS is named managing conservator of the child solely because the family is unable to obtain mental health services for the child; and requires DFPS to develop

a process for removing from the registry names of families for which DFPS was made managing conservator of a child only because of the child's mental health needs. This bill requires biennial reporting to the legislature, and repeals Senate Bill 44 (83rd Legislature) language regarding a study and report. This will require minor changes to joint managing conservatorship (JMC) provisions within CPS policy.

Promoting Independence Plan Directives

12. Requires legislative direction and/or appropriations.

If directed and/or funded by the Legislature, HHSC will work with the Department of Family and Protective Services (DFPS) to expand the Promoting Independence (PI) population to include children in DFPS conservatorship who have disabilities and are residing in select institutions licensed by DFPS.

- **Senate Bill 49** relates to transitional living assistance for children who have disabilities who also reside in General Residential Operations (GRO). GROs are 24 hour residential facilities for children with intellectual and developmental disabilities and who are in Child Protective Services (CPS) custody. The bill codifies the current policy by adding GROs to the current definition in government code and requires that a child that lives in the GRO who has a disability would qualify for home and community based services through the Department of Aging and Disability Services (DADS). The bill includes this population in the Promoting Independence plan, giving them timely access to Home and Community based Services waivers similar to children in State Supported Living Centers, large Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) and nursing facilities. This bill codifies current practice by DADS to include this population.
- CPS and Every Child Inc. staff continue to work together to find Home and Community-based Services (HCS) homes for the children in General Residential Operations who received HCS waivers. DADS allocated 25 HCS slots in General Residential Operations for children in DFPS Conservatorship who have intellectual and developmental disabilities for FY 2016-2017. As of December 2015, four HCS slots have been released for children with disabilities who are currently residing in DFPS licensed institutions.
- DADS allocated 216 HCS slots for CPS youth aging out of care for FY 2016-2017. As of December 2015, 55 HCS slots have been released for youth aging out of care.

14. Requires legislative direction and/or appropriations.

If directed and/or funded by the Legislature, HHSC will work with DADS and DFPS to develop adequate behavioral services to support children (0-21 years of age) coming out of institutions and to help provide them with community options in order to support individual choice.

Funding in Other Agency Budgets that Impact Children in DFPS Conservatorship:

Department of State Health Services (DSHS)

- Thirty beds in private residential treatment centers for children/youth that are at risk for parental relinquishment of custody to DFPS. There are 30 children currently placed.

Department of Aging and Disability Services (DADS)

- Additional HCS capacity for 216 children aging-out of foster care.
- Additional HCS capacity for 25 children with IDD who are now receiving services in a DFPS residential facility

Topics of Interest (ongoing issues/projects)

- DFPS and DSHS have established a referral process for children to access the thirty Residential Treatment Center beds funded through DSHS. At this time there are 30 children placed in Residential Treatment Center beds and 9 children on a waiting list for placement.
- The Texas Workforce Commission (TWC) partnered with DFPS Child Care Licensing (CCL) to enhance inclusion opportunities for infants, toddlers, preschool, and school-age children with special care needs receiving daycare services. The project was funded by Child Care Development Block Grant (CCDBG) funds. Although the ADA requires providers to accommodate children with special needs, providers are confused and apprehensive about serving this special population of children. Parents often experience difficulty locating inclusive child care services for their children or are forced to place them in inappropriate settings that do not meet their child's needs. This is especially problematic for developing children between birth and three years of age.

The outcome of the initiative is to provide free and reduced cost training resources that will educate and support caregivers in learning that inclusive child care can be beneficial, both for the child with a special need and for the other children in the classroom. In Fiscal Year 2016, training resources have extended to providers serving preschool and school-age children. Topics include helping typical children in the classroom understand and interact with children with special care needs, adapting classroom routines and activities

to meet the developmental needs of children with and without special needs, strategies for dealing with children with difficult behaviors, and emergency preparedness for children with special needs.

In the first year of availability of training for providers serving *infants and toddlers*, participants completed 43,935 individual instances of the 8 initial training courses available online, for a total of 87,870 clock hours of instruction that significantly increased participants' knowledge. Pre-test knowledge score averages were 57 percent and post-test knowledge scores were 90 percent. The Inclusive Child Care Get-Started Kits for Licensed or Registered Child Care Providers and Child Care Provider Applicants can be accessed in electronic format at: <http://infanttoddler.tamu.edu/courses/inclusive-child-care-kits.php>. The courses remain available on-line today for all who wish to benefit.

For FY16, training resources for providers serving *pre-school and school-age children* with special needs will include, 8 online courses and 20 technical assistance documents. These resources are anticipated to become available to child care providers and the public on March 1, 2016. Additionally, 24 instructor-led trainings on inclusive care for pre-school and school-age children with special needs will be conducted statewide beginning March 2016 through August 2016.

- SafePlace Texas has published **Promoting Justice: An Essential Resource Guide for Responding to Abuse Against Children with Disabilities**. You can access the manual online at www.safeplace.org/promotingjustice.
- DFPS and the Texas Department of Housing and Community Affairs (TDHCA) are collaborating on conducting a needs assessment and count on homeless and unstably-housed youth per requirements of HB 679.

Relevant Meeting Notices

- The next DFPS Council meeting will take place Thursday February 4, 2016 from 11:30am till 2:00pm. The meeting will take place in the Brown-Heatly Public Hearing Room, 4900 North Lamar Boulevard, Austin, Texas 78751.

Report Compiled By: Peter Hajmasy as submitted by CPS, APS, and CCL Programs
Telephone Number: 512/438-4124

**Promoting Independence Advisory Committee
Department Activity Report**

Department Name:	DATE:
Department of Aging and Disability Services	December 2015
Legislation/Rider Update:	

84th Legislature, Appropriations for 2016-17 Biennium

Promoting Independence (\$22.5M GR / \$53.1M AF)

- 500 Home and Community-based Services (HCS) waiver slots for large and medium Intermediate Care Facilities for Individuals with an Intellectual Disability or Related Condition (ICFs/IID)
 - Individuals in large ICFs/IID – As of November 30, 2015, 12 HCS offers have been released and 2 individuals have been enrolled.
 - Individuals in small/medium ICFs/IID – As of November 30, 2015, 22 HCS offers have been released and no individuals have been enrolled.
 - Residents of state supported living centers – As of November 30, 2015, 58 HCS offers have been released and 22 individuals have been enrolled.
- 680 HCS waiver slots for adult individuals transitioning from nursing facilities – As of November 30, 2015, 720 HCS offers have been released and 23 individuals have been enrolled.
- 20 HCS waiver slots for Individuals age 21 and under who reside in nursing facilities – As of November 30, 2015, 5 HCS offers have been released and 1 individual has been enrolled.
- 400 HCS waiver slots for individuals at risk of ICF/IID institutionalization – As of November 30, 2015, 66 HCS offers have been released and 29 individuals have been enrolled.
- 600 HCS waiver slots for adult individuals at risk of nursing facility institutionalization – As of November 30, 2015, 51 HCS offers have been released and 8 individuals have been enrolled.
- 16 HCS waiver slots for children aging-out of the Department of Family and Protective Services (DFPS) foster care – As of November 30, 2015, 57 HCS offers have been released and 15 individuals have been enrolled.
- 25 HCS waiver slots for children transitioning from DFPS General Residential Operation – As of November 30, 2015, 4 HCS offers have been released and 1 individual has been enrolled.
- 120 HCS waiver slots for individuals moving out of state hospitals – As of November 30, 2015, 29 HCS offers have been released and 7 individuals have been enrolled.

Riders

- Rider 34 (previously Rider 29) services under a 1915(c) waiver:
 - Children who are 21 years of age and younger, and residing in nursing facilities, may bypass the HCS interest list to receive HCS.

- Between September 1, 2009, and November 30, 2015, 76 individuals received an HCS offer through this rider.
- Rider 35 (previously Rider 30)
 - Services under HCS waiver program:
 - As of November 30, 2015, there have been no instances whereby an individual referred for HCS services from community ICFs/IID have been determined to be ineligible for HCS services.
- Rider 37 (previously Rider 31)
 - Promoting Community Services for Children – see Home and Community-Based Services under 2014-15 Promoting Independence Directives.
- General Revenue (GR) funds pursuant to the 2016-17 General Appropriations Act (Article II, Special Provisions, Section 42, House Bill 1, 84th Legislature, Regular Session, 2015)
 - Waiver Program Cost Limits:
- Use of GR Funds for Services:
 - Four individuals are receiving waiver services above the individual waiver cost limit with the difference being funded by GR.
 - Three individuals receive GR funds due to settlement agreements; and
 - One individual receives GR funds in compliance with Special Provision, Section 56.
 - For this reporting period there was one clinical assessment by DADS under Special Provisions, Section 56.
- Use of Utilization Management and Utilization Review Practices. Utilization review continues for waiver program areas as authorized under this section.

Promoting Independence Plan Directives:
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If directed and/or funded by the Legislature, HHSC will work with the DADS, the Department of State Health Services (DSHS), and the Department of Assistive and Rehabilitative Services (DARS) to reduce community-based interest lists.

Interest List Releases Summary Fiscal Years 2016 - 2017	CLASS	DBMD	HCS	MDCP	TxHmL	Total
Number of individuals on IL – September 1, 2015	54,083	221	73,011	20,540	50,683	198,538
Total Released/Removed from IL *	1,345	251	1,940	3,468	1,893	8,897
<i>Enrolled</i>	11	2	435	138	283	869
<i>Denied/Declined/Withdrawn</i>	390	39	192	775	278	1,674
<i>In the Pipeline</i>	945	209	1,313	2,551	1,332	6,350
Current IL – October 31, 2015	53,698	209	72,877	19,052	50,599	196,435

* Released/Removed counts include individuals already in the pipeline as of August 31, 2015, excluding MFP.

Relocation Contractor Services

Relocation Activity: The relocation activity reporting period begins August 2015 through November 2015.

Statewide Service Areas

DADS relocation services are available statewide:

- *Regions 1 and 2 (Lubbock and Abilene)*
- *Region 3 (Dallas)*
- *Region 4 (Tyler and Longview)*
- *Region 5 (Beaumont)*
- *Region 6 (Houston)*
- *Region 7 (Austin)*
- *Region 8 (San Antonio)*
- *Regions 9 and 10 (Midland and El Paso)*
- *Region 11 (Rio Grande Valley)*

Contracts

DADS has nine contracts with the following entities for relocation services effective September 1, 2015:

- *Lifetime Independence for Everyone, Inc. (LIFE/RUN) – Regions 1 and 2*
- *North Central Texas Council of Governments (NCTCOG) – Region 3*
- *ARCIL, Inc. – Region 4*
- *ARCIL, Inc. – Region 5*
- *Houston Center for Independent Living (HCIL) – Region 6*
- *ARCIL, Inc. – Region 7*
- *The Center on Independent Living, Inc. (COIL) – Region 8*
- *Lifetime Independence for Everyone, Inc. (LIFE/RUN) – Regions 9 and 10*
- *Coastal Bend Center for Independent Living – Region 11*

Relocation Activity

DADS relocation assistance contractors reported a total of 886 relocation assessments conducted and a total 392 transitions completed during this reporting period. The transitions completed may include transition to life in the community (TLC) assistance, transition assistance services or neither. Figure 1 demonstrates assessments completed per contractor. Figure 2 demonstrates transitions completed per contractor.

Figure 1
Assessments Completed by Relocation Contractors,
August 2015 through November 2015 (Total = 886)

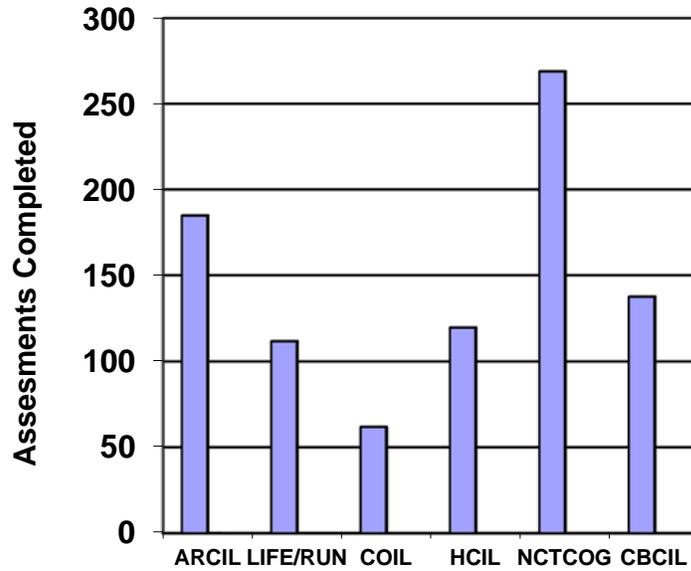
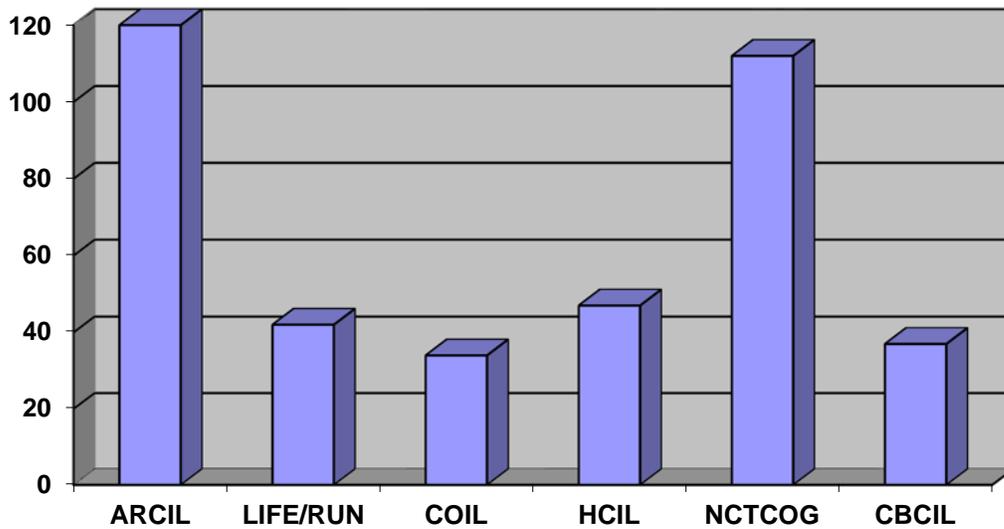
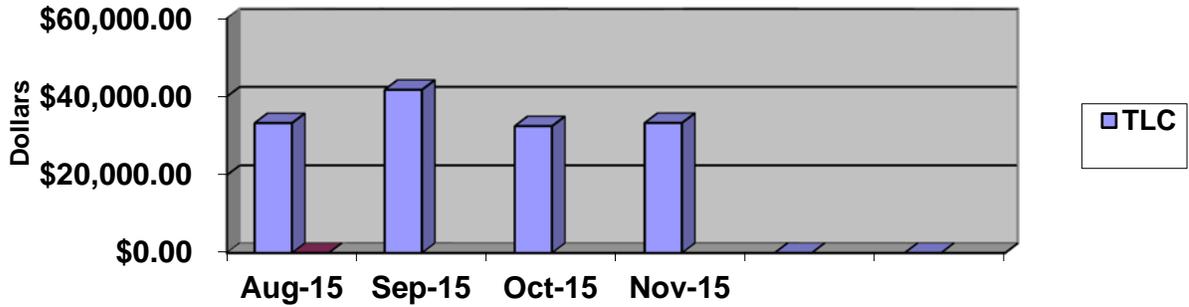


Figure 2
Transitions Completed by Relocation Contractors,
August 2015 through November 2015 (Total = 392)



For the reporting period, based on claims data, a total of \$140,438.91 was billed for TLC grants. Figure 3 demonstrates costs billed for TLC by month.

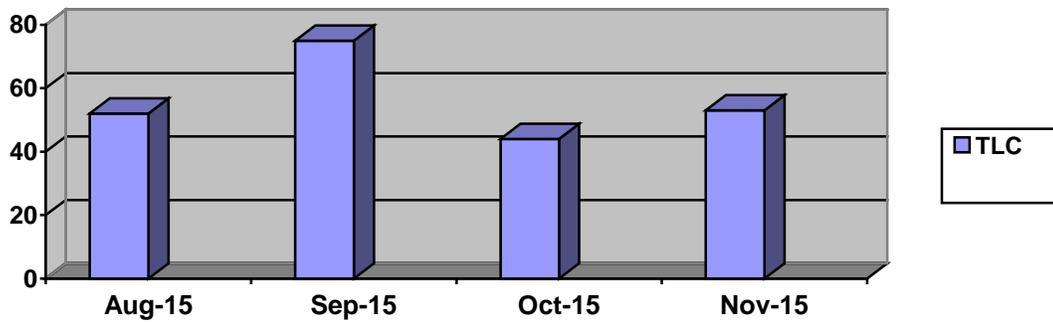
Figure 3
TLC Costs Billed



Total = \$140,438.91

For the reporting period, costs billed were for 224 TLC individuals. Figure 4 demonstrates TLC individuals whose costs were billed by month.

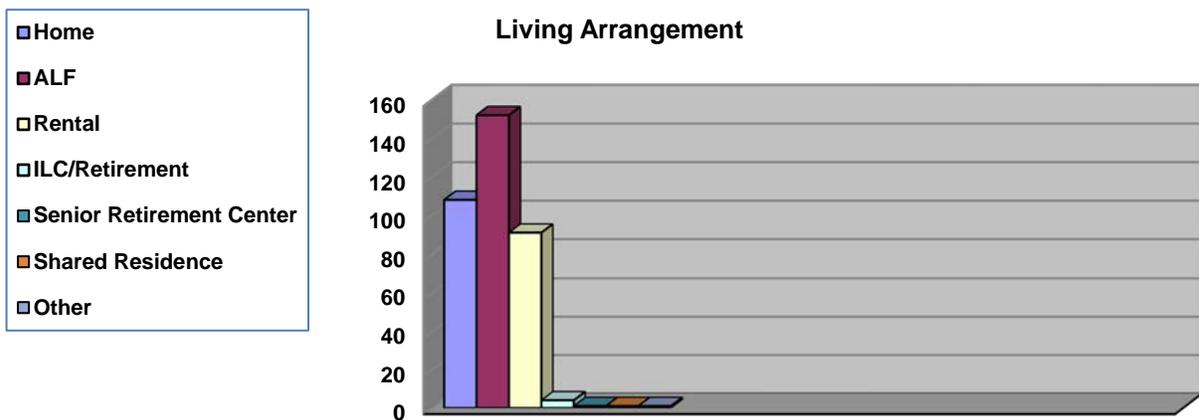
Figure 4
TLC Consumers



Total = 224

For the reporting period, available data from the relocation contractors indicate 108 individuals transitioned back into their own or family home, 152 into assisted living facilities (ALF), 91 into rentals, 4 into an independent living center (ILC), 3 into senior retirement center, 11 into shared residence and 23 into other. Figure 5 demonstrates living arrangements for TLC individuals who transitioned during the reporting period.

Figure 5
Living Arrangement – For Those Who Transitioned August 2015 through November 2015
(Total = 392)



There were 63 applications submitted for public housing.

Topics of Interest (ongoing issues/projects)

Program of All-Inclusive Care for the Elderly (PACE) - Expansion Request for Proposal

The 2012-13 General Appropriations Act (Article II, Department of Aging and Disability Services, Rider 48, S.B. 1, 83rd Legislature, Regular Session, 2013) allocated DADS funding to establish up to three additional PACE sites in Texas. DADS staff developed a request for proposal (RFP) in collaboration with staff at HHSC. The top three awardees are:

- Volunteers of America (Dallas area),
- Bienvivir All-Inclusive Senior Health (western San Antonio area), and
- Kissito PACE of Houston, Inc. (Houston area).

DADS and HHSC are working closely with the PACE awardees regarding their concerns with the proposed PACE reimbursement rates for the 2016-17 biennium. PACE awardee concerns with the proposed rates have delayed their decision to submit applications to the Centers for Medicare and Medicaid Services (CMS). DADS and HHSC continue discussions with PACE vendors about the proposed PACE rates. Meetings were held on June 10 and October 1, 2015 between DADS, HHSC, and the PACE organizations to discuss the concerns about the proposed PACE rates and the current rate methodology. A meeting was held on October 5 with Executive

Commissioner Traylor to discuss the rate methodology for the proposed PACE expansion sites. It was determined the originally proposed rates are the appropriate rates. On October 16, 2015, DADS staff provided official notification of the final reimbursement rates to the three new PACE sites. All 3 tentative awardees stated they will not move forward with entering into an agreement and contracting with DADS due to the proposed PACE rates. However, they all requested to submit a PACE application to CMS at a later date (extending the award) after HHSC and current PACE providers are able to come to agreement about the PACE rate setting methodology.

Grant-Funded Projects

2013 Lifespan Respite Care Program: Increasing Integration and Sustainability

Funding Source: Administration for Community Living (ACL)

Purpose: DADS will use this grant funding to partner with the Texas Respite Coalition and key stakeholders to fill critical gaps in caregiver services and strengthen the long-term integration and sustainability of the Texas Lifespan Respite Care Program (TLRCP).

Funding: The total federal funding is \$250,000 for 2013-2015.

Total state funding is \$83,333 for 2013-2015.

Grant period: August 1, 2013 - October 31, 2015

Key objectives:

1. Increased integration of caregiver training and outreach at Texas aging and disability resource centers (ADRCs).
 2. Training for faith-based organizations about best practices for developing volunteer respite care services.
 3. Outcome evaluation for respite services provided by contracted providers through the TLRCP.
 4. Development and implementation of a Respite Summit in June 2014, to engage community stakeholders in raising awareness of and planning for a better coordinated approach to providing statewide respite services.
- DADS is negotiating a contract to provide training for faith-based and volunteer organizations on developing respite care programs.
 - DADS produced a fact sheet on providing respite to families who have young children with special needs.
 - DADS requested an extension to this grant to October 2016, to complete the objectives of this grant.

2014 Lifespan Respite Care Program: Developing a Sustainable System of Respite Care

Funding Source: ACL

Purpose: DADS will use this funding over a three-year period for outreach to low income and Hispanic/Latino population of caregivers, expand faith-based respite, develop an emergency respite pool and augment respite care for caregivers receiving services through the Care Transitions Program.

Funding: The total federal funding is \$351,000 for 2014-2017.

Total state funding is \$117,810 for 2014-2017.

Grant period: September 2014-August 2017 (36 months)

DADS requested a carry-over of year-one grant funds in order to complete the scope of work and is working with the Texas Respite Coalition to develop outreach materials to encourage caregivers to use respite care. Staff is preparing Requests for Proposals to procure respite care for caregivers who need emergency respite and caregivers participating in the Community Care Transitions Program. This program is designed to help prevent hospital readmissions.

Texas Lifespan Respite Care Program

Funding Source: Legislative Appropriation for 2016-17 Biennium

Purpose: For state fiscal year 2016, DADS awarded state general funded grants via contract renewals with four providers for the Texas Lifespan Respite Care Program (TLRCP). The goal of the TLRCP is to increase the availability of respite in Texas for caregivers caring for individuals of any age with any chronic health condition or any disability and to increase caregivers' awareness of respite care services.

Funding: The total state general revenue funding is \$1,000,000 for the 2016-17 biennium (\$500,000 per state fiscal year).

Grant period: September 2015 – August 2016

Key objectives:

1. Coordinating support services for multiple groups or persons who need support services, including persons with a physical, intellectual or developmental disability and persons who are aging.
2. Connecting caregivers with respite services providers.
3. Maintaining and providing information regarding available respite services.
4. Conducting public awareness activities regarding available respite services.

DADS renewed contracts with Care Connection ADRC, Central Texas Aging and Disability and Veteran's Resource Center, Coastal Bend ADRC, and East Texas ADRC to provide respite services for the TLRCP. These ADRCs increase the availability of respite to caregivers, conduct public awareness and outreach events about respite care, and educate caregivers about the benefits of and access to respite care. During fiscal year 2016, these ADRCs will continue to complete surveys for reporting to DADS about caregivers receiving respite services and caregivers' satisfaction with respite services.

For the 2014-15 biennium, over 600 caregivers received respite services and supports through TLRCP. Among these caregivers, nearly 70 percent resided in urban communities and 30 percent resided in rural communities. In addition, 30 percent of the caregivers completed the customer satisfaction survey. Regarding caregivers' satisfaction with respite services, 94 percent of caregivers rated their respite services as very good or excellent. Respite services were seen as helpful to 98 percent of caregivers. In addition, 98 percent of caregivers reported receiving respite services left them feeling less stressed.

Aging and Disability Resource Center Program Development

New Federal Funding Opportunities – ADRC Program

Funding Source: Federal Administration on Aging (AoA) ACL

Purpose: The purpose of the grant is to strengthen sustainability of the ADRC program.

Funding: \$183,894

Grant period: September 30, 2013 – December 29, 2015

Project Objectives:

- **Administer a request for applications process for sustainability projects:** The process will result in proposals from ADRC partners to obtain assistance, administer training, or develop other research to support the development of;
 - managed care organization contracts;
 - a Medicaid administrative claiming processes; or
 - new sustainable funding sources.
- **Complete ADRC sustainability webinars:** The ADRCs funded through the request for applications process will discuss the success of their sustainability projects and any limitations to replication. The ADRCs will provide any templates they develop to the other ADRCs for use in the future.
- **Deliver the person-centered thinking training to ADRC staff:** The aim of the person-centered thinking training is to better promote the person-centered model by creating expertise within the ADRC structure.

During this reporting period a select group of ADRCs continue person-centered training activities overseen by the Institute for Person-Centered Practices. Trainees are engaged in face-to-face practice sessions using the prescribed person-centered tools. Once completed participating staff will be certified trainers with capacity to train others in person-centered planning processes. Two ADRCs are in the process of finishing their proposed sustainability projects funded through the request for applications process.

DADS obtained a three-month extension on the grant.

New Federal Funding Opportunities – ADRC Program

Funding Source: Federal Administration on Aging (AoA) ACL

Purpose: Transforming State LTSS Access Programs and Functions into A No Wrong Door System for All Populations and All Payers

Funding: \$225,000

Grant period: September 30, 2014 – September 29, 2016

Grant funds will support a 12-month planning process to identify the key actions Texas should consider as we move forward with the development and implementation of a No Wrong Door System that has the functional and operational capacity to provide: public outreach and coordination with key referral sources, person centered counseling and streamlined access to public LTSS programs.

DADS entered into an agreement with Leavitt Partners, Inc., to provide strategic planning services for the grant. In August 2015, DADS hosted five in-person listening forums throughout the state as well as two statewide webinars. There was good representation at each event, with some forums having upward of 70 attendees. DADS also gathered stakeholder feedback from a number of other venues, including an ADRC State Advisory Committee meeting, an ADRC Coalition meeting, and a designated email address. Through the listening forums, DADS obtained substantive and comprehensive insight on improvements to ensure the success of the ADRC role in the no wrong door system.

The forums shaped the preliminary vision, mission and value statements, which were vetted and refined by the ADRC Strategic Planning Committee. DADS and Leavitt Partners incorporated this information into a three-year strategic plan for the ADRC program. DADS is in the process of finalizing this strategic plan by the end of the grant period.

Originally awarded through September 2015, DADS applied for and was awarded a one-year no-cost extension of the grant through September 2016.

ADRC Statewide Expansion

DADS continues to track the call volume for the new ADRC toll free number, 1-855-937-2372, launched on January 12, 2015. The average number of calls received by the statewide network of 22 ADRCs from September to October 2015 was 2,923 per month.

The LTSS screen was launched in September 2015. The LTSS Screen allows individuals to complete intake information at one location; be referred to multiple agencies and have their information shared with the other agencies. Participating agencies include ADRCs, the Department of State Health Services, Health and Human Services Commission (Medicaid/CHIP), and area agencies on aging. Individuals are also able to initiate the screen using a portal on the YourTexasBenefits webpage.

State Supported Living Centers:

Department of Justice Settlement Agreement: Efforts are ongoing to ensure all required activities are addressed. The tenth round of compliance visits began at the state supported living centers in October 2015 and will be completed in May 2016. The most recent compliance report for each facility is posted at <http://www.dads.state.tx.us/monitors/reports/index.html>

State Supported Living Center (SSLC) Census Management: Data relevant to movement of individuals to and from each of the Centers is evaluated on an ongoing basis. Overall census at the Centers continues to decline as noted in the table below:

SSLC	Sept 2011	Sept 2012	Sept 2013	Sept 2014	Sept 2015	Nov 2015
Abilene	439	413	386	356	321	311
Austin	353	326	288	266	191	189
Brenham	312	297	288	283	279	277
Corpus Christi	272	258	242	224	221	223
Denton	517	493	484	460	458	460
El Paso	130	124	116	110	106	105
Lubbock	225	211	209	203	201	200
Lufkin	376	361	342	322	308	307
Mexia	391	366	331	288	256	254
Richmond	377	350	339	335	330	327
Rio Grande	71	70	62	67	71	65
San Angelo	239	231	210	208	214	215
San Antonio	280	274	250	240	229	232
All Facilities	3982	3774	3547	3362	3186	3165

Community Transition Specialist positions at the SSLCs: In December 2011, DADS received notice from CMS that 100% MFPD administrative funding project had been approved. The request was for 26 positions (24 Community Transition Specialists, 1 Community Transition Specialist Coordinator and 1 Administrative Assistant). One to three Transition Specialists have been assigned to each of the twelve SSLC and one State Center. The Transition Specialists’ duties are to provide education and support to assist individuals in making successful transitions into a community setting from a SSLC. They serve as a resource to the residents, legally authorized representatives, families and interdisciplinary teams (IDTs). They assist not only with education but facilitation of the transition process.

The transition specialists continue to:

- conduct training for SSLC staff, residents, legally authorized representatives, and family members regarding community transition processes, transition planning and other information relevant to successful community transition;
- attend annual planning meetings, and preparation meetings for the annual, to support a thorough discussion of living options;
- serve as a resource to the IDT regarding the transition process;

- work with local authorities and community-based service providers to help develop effective information sharing about community resources useful to individuals, legally authorized representatives, families and facility staff;
- assist with the coordination of facility-sponsored, community awareness educational opportunities including: provider fairs, community tours, in-service training, etc.;
- consult with facility Qualified Developmental Disabilities Professionals (QDDPs) regarding the IDT's identification of needed supports and services for individuals referred for community transition including identification and planning to address obstacles to transition;
- research options to meet the identified needed supports and services for an individual in the preferred geographic area;
- assist with scheduling interviews, tours of homes and day programs/work sites;
- assist with the scheduling of in-services of community provider staff prior to overnight or extended visits; and
- assist with the completion of transition plans and monitoring following transition as needed.

Referrals for Community Transition

SSLC	Dec 2015	Jan 2015	Feb 2015	Mar 2015	Apr 2015	May 2015	June 2015	July 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015
Abilene	20	18	19	23	19	17	17	15	19	21	20	18
Austin	42	37	30	32	26	27	19	13	11	6	6	5
Brenham	8	12	11	14	12	10	9	9	7	6	9	8
Corpus Christi	10	8	10	9	7	6	5	5	6	4	4	6
Denton	17	17	16	14	11	12	13	11	11	10	11	11
El Paso	4	3	3	4	6	6	6	5	5	5	4	4
Lubbock	4	4	3	3	4	5	4	4	5	6	6	6
Lufkin	12	12	12	12	12	14	13	11	12	8	8	14
Mexia	29	32	32	34	34	34	27	25	26	18	17	17
Richmond	12	13	14	13	12	9	6	5	5	5	4	2
Rio Grande	5	4	3	5	5	5	7	7	7	4	3	3
San Angelo	17	17	18	12	12	10	10	11	11	14	17	18
San Antonio	9	8	4	4	5	5	6	4	4	3	2	4

Total All Facilities	189	185	175	179	165	160	142	125	129	110	111	116
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