

## **Report to the Promoting Independence Advisory Committee**

**April 2016**

### **Health and Human Services Commission**

#### **STAR Kids**

S.B. 7, 83rd Legislature, Regular Session, 2013, directs the Health and Human Services Commission (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.

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 conclude in mid-April.

HHSC has begun implementing an outreach strategy to educate providers and clients about the upcoming STAR Kids implementation. HHSC held information sessions for providers and families in eleven cities across Texas in January and February 2016. For those unable to attend in person, HHSC held three provider webinars and two family webinars.

HHSC will be updating its website to include additional information about STAR Kids, including family and provider FAQs. In addition, HHSC has been invited to present at various conferences and meetings this spring and summer. Further in person information sessions will be scheduled in Summer and Fall 2016. The beginning of the next round of information sessions will be scheduled to coincide with the release of the initial introduction letters for prospective STAR Kids members, which will occur in mid-July. Enrollment packets will be mailed out about 30 days after the introduction letters.

The STAR Kids Managed Care Advisory Committee met for the tenth time on March 2, 2016. The next committee meeting is scheduled for June 15, 2016.

#### **Other HHSC Medicaid Initiatives**

##### **Dual Demonstration**

On March 1, 2015, HHSC began a demonstration program to test an innovative delivery model that combines health services for people with both Medicaid and Medicare coverage into one plan. The demonstration includes full-dual eligible adults (age 21 and above) who are required to

receive their Medicaid benefits through the STAR+PLUS managed care program and live in one of the six demonstration counties. Counties participating in the demonstration are Bexar, Dallas, El Paso, Harris, Hidalgo and Tarrant. In this model, one entity, the Medicare-Medicaid Plan (MMP) is responsible for coordinating the full array of Medicaid and Medicare 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. The goals of the demonstration are to improve quality and individual experience in accessing care and to promote independence in the community.

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 currently estimated to be 45,143 members with a 36% 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 the Department of Aging and Disability Services (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 provided a webinar in February for Aging and Disability Resource Center (ADRC) options counselors and other "front door" staff to learn about CFC. HHSC is also conducting a CFC webinar series for MCO service coordinators as part of a larger training series. HHSC and its partners continue to request feedback for future outreach and education efforts.

HHSC and DADS have provided an initial, high-level training on CFC to STAR Kids MCOs. In May, more in-depth training will be provided.

HHSC rules for CFC became effective on June 1, 2015, and are in the process of being revised to include more person-centered planning requirements and to make the rules more consistent with the State Plan Amendment. The public comment period for these revisions ends on April 25, 2016, and the rules will be effective in July 2016. The effective date for DADS CFC rules was March 20, 2016.

HHSC and DADS established a workgroup to review, develop and evaluate person-centered planning training proposals, curricula, and related materials to ensure compliance with the federal regulations and quality and consistency across systems. The workgroup will invite external stakeholders, including the CFC Development and Implementation Council, to participate. Please let Jennie Costilow know at [Jennie.Costilow@hhsc.state.tx.us](mailto:Jennie.Costilow@hhsc.state.tx.us) if you are interested in participating in this capacity.

### **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, DADS providers, STAR+PLUS participants and STAR+PLUS providers will begin to be administered in April. DADS has finalized a contract with Texas A&M Public Policy Research Institute to conduct the face-to-face participant interviews with individuals in 1915(c) waiver programs. HHSC has finalized a contract amendment with its External Quality Review Organization, the Institute for Child Health Policy, to conduct the face-to-face participant interviews with individuals in STAR+PLUS.

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 19<sup>th</sup>. HHSC submitted the revised STP to CMS by February 1<sup>st</sup>.

### **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 May 17, 2016.

The Texas Education Agency (TEA), the Texas Workforce Commission (TWC), and HHSC have adopted the Employment First policy as prescribed in S.B. 1226. The Employment First policies of each agency may be found at the following links: [TEA Employment First policy](#), [TWC Employment First policy](#), and [HHSC Employment First 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 [DADS Employment First website](#) for more information on the Employment First Task Force, its members, and a link to the first report to the Legislature.

### **HHSC Rate Analysis Department Update**

A public hearing for proposed rates for the Comprehensive Rehabilitation Services (CRS) program operated by the Department of Assistive and Rehabilitative Services (DARS) was held on April 12, 2016 in the Public Hearing Room in the Winters Building. CRS rates will become effective on September 1, 2016. Interested parties can access the proposed rates at the following link: <http://www.hhsc.state.tx.us/rad/rate-packets.shtml>.

As part of HHSC's compliance with Rider 89 to develop strategies for recruitment and retention of community attendants, an online survey will be required to be completed by the following provider types by April 30, 2016:

- Community Living Assistance and Support Services (CLASS) Direct Service Agency (DSA);
- Home and Community-based Services (HCS);
- Primary Home Care (PHC); and
- Texas Home Living (TxHmL).

The online survey is available on the HHSC Rate Analysis Department webpage at <http://registration.hhsc.state.tx.us/RecruitmentRetentionSurvey.aspx>.

Additional information regarding the survey will be made available through Information Letter (IL) 16-14 to be posted on the DADS IL webpage at <https://www.dads.state.tx.us/providers/communications/letters.cfm>. This information letter will also include contact information for providers who have questions and/or need technical support regarding the completion of the survey.

Additionally, Financial Management Services Agencies (FMSA) received a survey the first week of April in order to collect data that will be used to determine the impact of the Department of Labor Home Care ruling in addition to data necessary to develop recruitment and retention strategies of community attendants. This survey will also be required to be submitted by April 30, 2016.

Providers that are required to submit annual cost reports are in the process of receiving notification of adjustments to their 2014 Cost Reports. The Cost Report Review Unit (CRRU) of Rate Analysis will be verifying 100% of submitted cost reports. As such, it is likely that providers may be seeing adjustments for the first time on certain items since CRRU was able to expand the scope of their review from 35% to 100% of submitted cost reports beginning with the

2014 Cost Reports. The review of all cost reports will help to ensure that accurate data will be used to calculate reimbursement rates in addition to determining Rate Enhancement (RE) requirements for providers who participate in the RE program.

Providers who have questions regarding the adjustments made to their cost reports can contact a Rate Analysis staff person at the following link: <https://www.hhsc.state.tx.us/rad/long-term-svcs/contacts.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 to lay the groundwork for transformation of the health and human services system. Legislation called for the restructuring of the HHS system along functional lines and identified five core divisions for the restructuring:

- Medical and Social Services
- Regulatory Services
- Facility Operations
- Public Health (DSHS)
- Protective Services (DFPS)

Working within those boundaries, comments from HHS employees and stakeholders were collected through online surveys as 13 staff workgroups explored options for ways to make the health and human services system more efficient and effective. The workgroups produced proposals for improving HHS programs and support units, through reorganization of large pieces of each HHS agency.

Those proposals were 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 were factored into the workgroup proposals, they were incorporated into a Health and Human Services System Transition Plan, a blueprint for the foundation upon which the restructured HHS system will be built.

The transition plan was presented to the Transition Legislative Oversight Committee (TLOC) for review and feedback on March 1, 2016. On March 31, 2016, TLOC held a public hearing on the plan. Texas Health and Human Services Executive Commissioner Chris Traylor will consider feedback from the public hearing and determine what modifications are needed in the plan to

address each element of the feedback. The Executive Commissioner is expected to make final decisions regarding the content of the plan in the early part of May.

For more information and updates, including the submitted transition plan, please visit the [HHSC transformation website](#).

**Promoting Independence Advisory Committee  
Department Activity Report**

<b>Department Name:</b>	<b>DATE:</b>
Department of Aging and Disability Services	March 2016
<b>Legislation/Rider Update:</b>	

**84<sup>th</sup> 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 February 29, 2016, 25 HCS offers have been released and 3 individuals have been enrolled.
  - Individuals in small/medium ICFs/IID – As of February 29, 2016, 38 HCS offers have been released and 9 individuals have been enrolled.
  - Residents of state supported living centers – As of February 29, 2016, 78 HCS offers have been released and 52 individuals have been enrolled.
- 680 HCS waiver slots for adult individuals transitioning from nursing facilities – As of February 29, 2016, 840 HCS offers have been released and 78 individuals have been enrolled.
- 20 HCS waiver slots for Individuals age 21 and under who reside in nursing facilities – As of February 29, 2016, 9 HCS offers have been released and 3 individual has been enrolled.
- 400 HCS waiver slots for individuals at risk of ICF/IID institutionalization – As of February 29, 2016, 110 HCS offers have been released and 66 individuals have been enrolled.
- 600 HCS waiver slots for adult individuals at risk of nursing facility institutionalization – As of February 29, 2016, 103 HCS offers have been released and 43 individuals have been enrolled.
- 216 HCS waiver slots for children aging-out of the Department of Family and Protective Services (DFPS) foster care – As of February 29, 2016, 84 HCS offers have been released and 41 individuals have been enrolled.
- 25 HCS waiver slots for children transitioning from DFPS General Residential Operation – As of February 29, 2016, 8 HCS offers have been released and 1 individual has been enrolled.
- 120 HCS waiver slots for individuals moving out of state hospitals – As of February 29, 2016, 56 HCS offers have been released and 21 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 February 29, 2016, 80 individuals received an HCS offer through this rider.
- Rider 35 (previously Rider 30)
  - Services under HCS waiver program:
    - As of February 29, 2016, there have been no instances where 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.
  - DADS completed one clinical assessment under Special Provisions, Section 56.
- Use of Utilization Management and Utilization Review Practices. Utilization review continues for waiver programs areas as authorized under this section.

**Promoting Independence Plan Directives:**

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

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 <sup>1</sup>	1,648	312	1,952	5,323	1,893	11,128
<i>Enrolled</i>	54	9	1,141	294	547	2,045
<i>Denied/Declined/Withdrawn</i>	667	89	493	2,498	979	4,726
<i>In the Pipeline</i>	925	213	318	2,524	367	4,347
Current IL – January 31, 2016	55,450	204	75,772	18,615	53,654	203,695 <sup>2</sup>

<sup>1</sup> Released/Removed counts include individuals already in the pipeline as of August 31, 2015, excluding MFP.

<sup>2</sup> The total of Current IL counts in the above table is a duplicated count. The unduplicated count across all four Interest Lists is: **105,872**.

## Relocation Contractor Services

### Statewide Service Areas

DADS relocation services are available statewide:

- *Region 1 (Lubbock)*
- *Region 2 (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

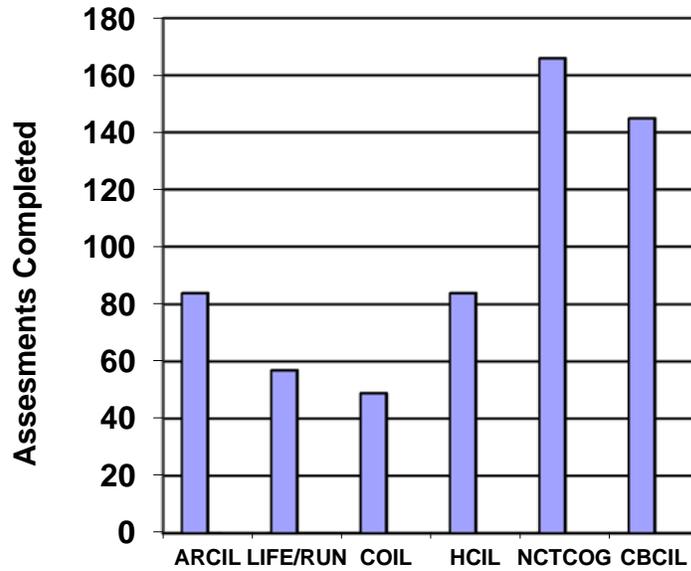
DADS has nine contracts with the following entities for relocation services effective September 1, 2015:

- *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*

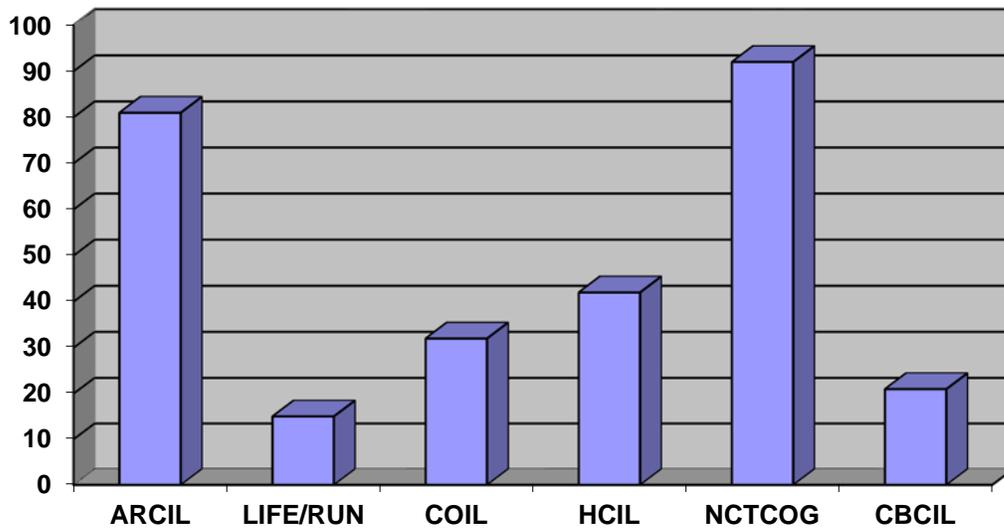
### Relocation Activity

DADS relocation assistance contractors reported a total of 585 relocation assessments conducted and a total 283 transitions completed during December 2015 through February 2016. 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,**  
**(Total = 585)**

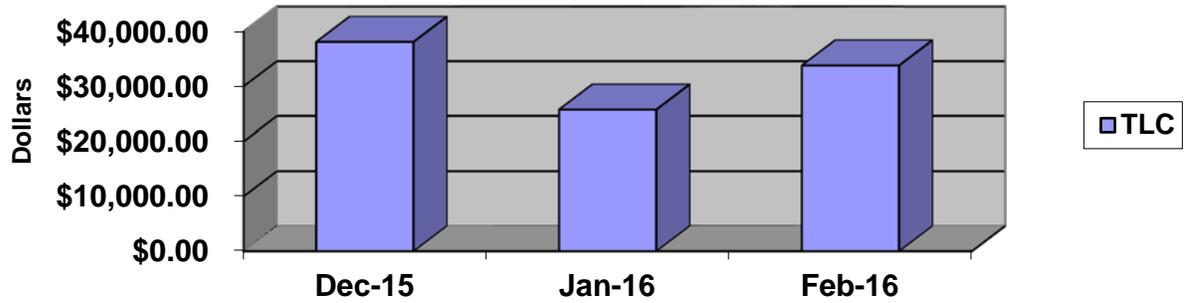


**Figure 2**  
**Transitions Completed by Relocation Contractors,**  
**(Total = 283)**



Based on claims data, a total of \$97,683.60 was billed for TLC grants Figure 3 demonstrates costs billed for TLC by month.

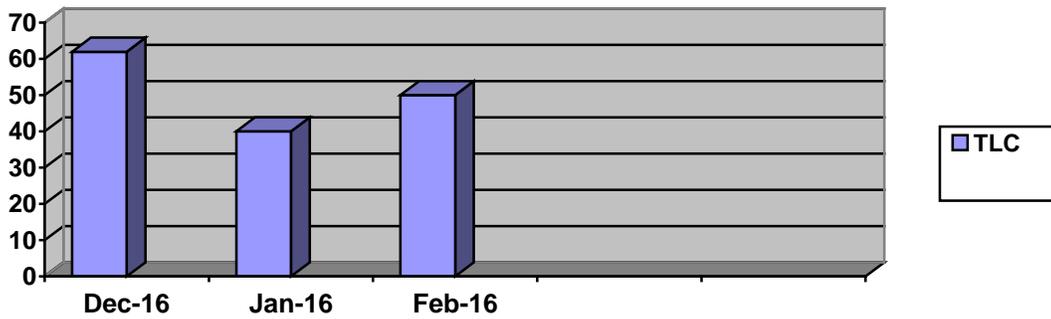
**Figure 3  
TLC Costs Billed**



Total = \$97,683.60

Costs billed were for 152 TLC individuals. Figure 4 demonstrates TLC individuals whose costs were billed by month.

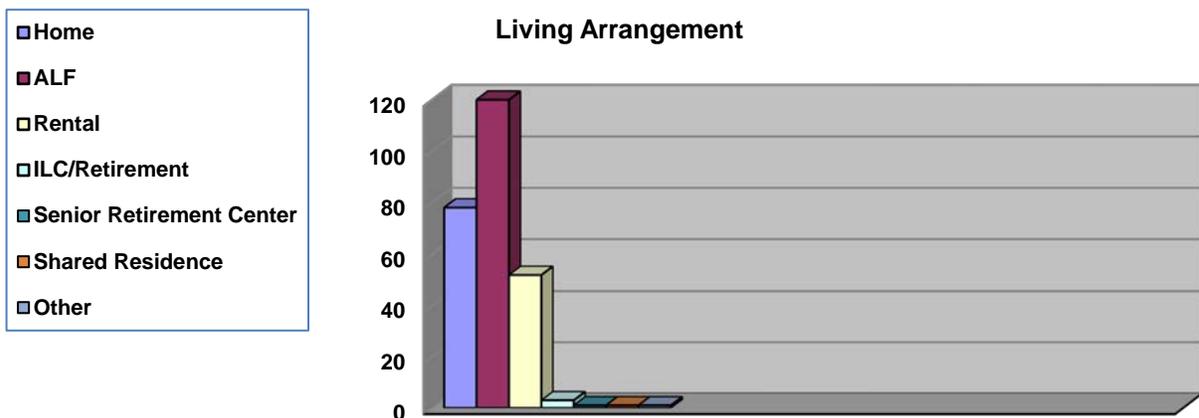
**Figure 4  
TLC Consumers**



Total = 152

Data from the relocation contractors indicate 78 individuals transitioned back into their own or family home, 120 into assisted living facilities (ALF), 52 into rentals, 3 into an independent living center (ILC), 1 into senior retirement center, 11 into shared residence and 18 into other. Figure 5 demonstrates living arrangements for TLC individuals who transitioned.

**Figure 5**  
**Living Arrangement – For Those Who Transitioned**  
**December 2015 through February 2016**  
**(Total = 283)**



There were 38 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, Senate Bill 1, 83<sup>rd</sup> 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 worked 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 delayed their decision to submit applications to the Centers for Medicare and Medicaid Services (CMS). DADS and HHSC held meetings with PACE organizations on June 10 and October 1, 2015, to discuss the concerns about the proposed PACE rates and the current rate methodology. A meeting was held on October 5 with Executive Commissioner T aylor to discuss the rate methodology and approve the rate for the proposed PACE expansion

sites. On October 16, 2015, DADS staff provided official notification of the final reimbursement rates to the three new PACE awardees. All three tentative awardees stated they will not move forward with entering into an agreement and contracting with DADS due to the proposed PACE rates. A meeting with Executive Commissioner Traylor is scheduled in April to determine next steps.

## **Grant-Funded Projects**

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

**Funding Source:** Administration for Community Living

**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 and develop emergency respite resources.

**Funding:** The total federal funding is \$351,000.

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

DADS received a carry-over of year-one grant funds in order to complete the scope of work and is coordinating with the Texas Respite Coalition to develop outreach materials to encourage caregivers to use respite care.

DADS awarded \$79,998 in funds to four aging and disability resource centers (ADRCs) to provide emergency respite services with the goal of increasing the availability of emergency respite services to caregivers caring for individuals of any age with a chronic health condition or disability. ADRCs receiving the grants are the ADRC of the Capital Area in Austin; Connect to Care ADRC in Dallas; Aging, Disability and Transportation Resource Center of El Paso; and Far West Texas and North Central Texas ADRC in Arlington.

### **Texas Lifespan Respite Care Program**

**Funding Source:** Legislative Appropriation for 2016-17 Biennium

**Purpose:** For 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 awareness of respite care services.

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

**Funding period:** September 2015 – August 2017

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 TLRCF. 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. Through the second quarter of fiscal year 2016, the four ADRCs spoke with 50 individuals about their needs for caregiver support services. Following these contacts, 44 caregivers requested respite services and the remainder were referred to other organizations to inquire about other types support services.

The majority of caregivers receiving respite services resided in urban areas (89 percent) while the remaining caregivers resided in rural areas (11 percent). Caregivers primarily used vouchers (75 percent) to purchase respite services, which consisted primarily of personal care services to assist with daily living activities (95 percent). Most caregivers were ages 21-59 (77 percent) and female (86 percent). The majority of the care recipient's caregivers were age 80 or older (34 percent). Most care recipients were females (61 percent).

## **Aging and Disability Resource Center Program Development**

New Federal Funding Opportunities – ADRC Program

**Funding Source:** Administration for Community Living

**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 process; 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.

Through this grant opportunity, DADS was able to provide Person Centered Thinking Trainer Certification to ADRC staff across the state. The training is an in-person and involved

experience conducted by the Institute for Person Centered Practices. The training certification will promote the person-centered model by creating expertise within the ADRC structure. A small group of participants are in the process of completing the certification requirements for person-centered thinking training. The ADRC candidates are in the mentorship phase of their candidacy and have completed all coursework. Once the training is fully completed, participating staff will be certified trainers with capacity to train others in person-centered thinking.

## **New Federal Funding Opportunities – ADRC Program**

**Funding Source:** Administration for Community Living

**Purpose:** Transforming State Long-term Services and Supports (LTSS) Access Programs and Functions into a No Wrong Door (NWD) System for All Populations and All Payers

**Funding:** \$225,000

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

DADS, in collaboration with HHSC, DSHS and DARS, received a grant award from the Administration for Community Living to enter into a strategic planning process focused on planning for the ADRC role within the NWD system. The grant project, “Building a Strategic Plan for the Successful and Sustainable Operation of the Texas ADRC NWD System,” required the development of a three-year strategic plan for the ADRCs.

In fiscal year 2015, 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. DADS also gathered stakeholder feedback from a number of other venues, including an ADRC 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 NWD 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.

## **Statewide Access to ADRC Services**

**Funding Source:** Legislative Appropriation for 2016-17 Biennium

**Purpose:** In September 2014, under the Balancing Incentive Program, DADS expanded access to ADRC services by increasing the number of ADRCs from 14 to 22 ADRCs allowing individuals to access ADRC services in all 254 Texas counties. In January 2015, DADS implemented a single ADRC toll-free number, which is on the DADS website and connects individuals to the ADRC in their area. In fiscal year 2016, DADS received an appropriation of state general revenue to support the ongoing costs associated with the expansion and toll-free number.

**Funding:** The total state general revenue funding is \$3,800,000 for fiscal year 2016.

***Funding period:*** September 2015 – August 2017

In September 2015, DADS, in collaboration with HHSC and DSHS, launched the LTSS Screen. The LTSS screen is a single questionnaire used to determine an individual's LTSS needs. The LTSS screen generates referrals to organizations that may be able to assist the individual. Individuals are able to complete the screen themselves, either anonymously or by creating a credentialed account, via the "Your Texas Benefits" website. An individual may also call the ADRC using the toll-free number and complete the same LTSS Screen with assistance. To promote the number, DADS launched a successful media campaign in January 2015 and a follow-up campaign later in the year. During the follow-up campaign, there were nearly 70 news stories aired and published.

In January 2015, the toll-free number received a little over 1,000 calls. The average number of calls received by the ADRCs from December 2015 to February 2016 was 3,253 per month. During the same period, ADRCs received 135,408 referrals via the LTSS Screen.

**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	Feb 2016
Abilene	439	413	386	356	321	308
Austin	353	326	288	266	191	186
Brenham	312	297	288	283	279	272
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	197
Lufkin	376	361	342	322	308	304
Mexia	391	366	331	288	256	254
Richmond	377	350	339	335	330	325
Rio Grande	71	70	62	67	71	65
San Angelo	239	231	210	208	214	212
San Antonio	280	274	250	240	229	234
All Facilities	3982	3774	3547	3362	3186	3145

**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 SSLCs 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	Mar 2015	Apr 2015	May 2015	June 2015	July 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016
Abilene	23	19	17	17	15	19	21	20	18	16	16	16
Austin	32	26	27	19	13	11	6	6	5	5	5	3
Brenham	14	12	10	9	9	7	6	9	8	8	8	9
Corpus Christi	9	7	6	5	5	6	4	4	6	8	9	11
Denton	14	11	12	13	11	11	10	11	11	10	11	11
El Paso	4	6	6	6	5	5	5	4	4	4	6	5
Lubbock	3	4	5	4	4	5	6	6	6	4	4	9
Lufkin	12	12	14	13	11	12	8	8	14	16	19	20
Mexia	34	34	34	27	25	26	18	17	17	17	17	15
Richmond	13	12	9	6	5	5	5	4	2	1	5	5
Rio Grande	5	5	5	7	7	7	4	3	3	1	3	6
San Angelo	12	12	10	10	11	11	14	17	18	18	18	16
San Antonio	4	5	5	6	4	4	3	2	4	6	8	7
Total All Facilities	179	165	160	142	125	129	110	111	116	114	129	133



# Rider 28 Counts by Region of Service Group, Age, Gender and Ethnicity for all Service Groups

Data Effective: August 31, 2015

Description: Rider 28 Client counts by Service Group, Age Group, Gender and Ethnicity, displayed by Region. Rider 28 clients are those individuals who have an 'Enrolled From' code 12 entered in SAS on or after September 1, 2003, AND who has not previously been identified as a Rider 37 client.

Service Group	Age Group	Gender	Ethnicity	00	01	02	03	04	05	06	07	08	09	10	11	Total		
CLASS	10 - 17	F	UNKNOWN				1									1		
		M	HISPANIC											1		1		
	18 - 20	F	UNKNOWN				1										1	
			WHITE- NOT OF HISP. ORIGIN					1									1	
		M	UNKNOWN					1			1						2	
			WHITE- NOT OF HISP. ORIGIN					1									1	
	22 - 44	F	ASIAN OR PACIFIC ISLANDER							1							1	
			HISPANIC				1										1	
			UNKNOWN					1									1	
			WHITE- NOT OF HISP. ORIGIN				2	1	2				1				6	
		M	BLACK- NOT OF HISP. ORIGIN		1													1
			HISPANIC										1	1			1	3
			UNKNOWN	1			1	1										3
			WHITE- NOT OF HISP. ORIGIN		1		3	1			1	4	1				1	12
	45 - 64	F	HISPANIC				1										1	
			WHITE- NOT OF HISP. ORIGIN													1	1	
		M	BLACK- NOT OF HISP. ORIGIN				1											1
			HISPANIC													1		1
			WHITE- NOT OF HISP. ORIGIN									2	1			2	5	
	65 - 69	F	UNKNOWN				1										1	
M		HISPANIC				1										1		
		WHITE- NOT OF HISP. ORIGIN			1											1		
<b>Totals for CLASS: 47</b>																		



# Rider 28 Counts by Region of Service Group, Age, Gender and Ethnicity for all Service Groups

Data Effective: August 31, 2015

Description: Rider 28 Client counts by Service Group, Age Group, Gender and Ethnicity, displayed by Region. Rider 28 clients are those individuals who have an 'Enrolled From' code 12 entered in SAS on or after September 1, 2003, AND who has not previously been identified as a Rider 37 client.

Service Group	Age Group	Gender	Ethnicity	00	01	02	03	04	05	06	07	08	09	10	11	Total
COMMUNITY CARE	65 - 69	M	BLACK- NOT OF HISP. ORIGIN									1				1
	75 - 79	F	WHITE- NOT OF HISP. ORIGIN									1				1
<b>Totals for COMMUNITY CARE: 2</b>																

# Rider 28 Counts by Region of Service Group, Age, Gender and Ethnicity for all Service Groups

Data Effective: August 31, 2015

Description: Rider 28 Client counts by Service Group, Age Group, Gender and Ethnicity, displayed by Region. Rider 28 clients are those individuals who have an 'Enrolled From' code 12 entered in SAS on or after September 1, 2003, AND who has not previously been identified as a Rider 37 client.

Service Group	Age Group	Gender	Ethnicity	00	01	02	03	04	05	06	07	08	09	10	11	Total			
MEDICALLY DEPENDE	0 - 9	F	AMERICAN INDIAN OR ALASKAN NATI		1	1	5			3		1				11			
			ASIAN OR PACIFIC ISLANDER		1		17	1		9		1					29		
			BLACK- NOT OF HISP. ORIGIN				20	3		22		5		4				54	
			HISPANIC	1	8		32	1	3	31	13	29	4	5	8			135	
			OTHER				1					1	1					3	
			UNKNOWN	4	10	9	97	22	12	47	25	32	6	1	9			274	
			WHITE- NOT OF HISP. ORIGIN		14	2	110	23	12	67	43	21	9	1				302	
		M	AMERICAN INDIAN OR ALASKAN NATI		1		2	1		5	1							10	
			ASIAN OR PACIFIC ISLANDER		1		18	1		11	4	2				1		38	
			BLACK- NOT OF HISP. ORIGIN				20	2	3	17	6	4			1			53	
			HISPANIC		12	3	48	8	4	57	13	44	7	7	18			221	
			OTHER				3	1		2		1						7	
			UNKNOWN	4	15	7	132	17	9	65	41	42	2	3	3			340	
			WHITE- NOT OF HISP. ORIGIN		15	10	137	29	12	75	39	47	3	2	3			372	
	U	WHITE- NOT OF HISP. ORIGIN					1										1		
	10 - 17	F	AMERICAN INDIAN OR ALASKAN NATI				3			5							8		
			ASIAN OR PACIFIC ISLANDER				5		5	1	1						12		
			BLACK- NOT OF HISP. ORIGIN		1		16	2	2	11	1	2				1		36	
			HISPANIC		6		23	3	1	19	4	15	5	4	5			85	
			OTHER				2											2	
			UNKNOWN		5	1	46	8	5	18	8	15	3	2	2			113	
			WHITE- NOT OF HISP. ORIGIN		15	2	85	18	7	43	24	10	7			1		212	
		M	AMERICAN INDIAN OR ALASKAN NATI				2				2							4	
			ASIAN OR PACIFIC ISLANDER				10				5	2						17	
			BLACK- NOT OF HISP. ORIGIN		1	2	19	3		11	4	2						42	
			HISPANIC		6	1	23	2	3	15	8	22	7	6	6			99	
			UNKNOWN		8	5	53	8	6	25	8	13	4	4				134	
			WHITE- NOT OF HISP. ORIGIN		25	11	99	20	12	40	20	18	5	1	3			254	
		U	WHITE- NOT OF HISP. ORIGIN								1							1	
		18 - 20	F	AMERICAN INDIAN OR ALASKAN NATI				1										1	
				ASIAN OR PACIFIC ISLANDER									1						1
				BLACK- NOT OF HISP. ORIGIN				4					1						5



# Rider 28 Counts by Region of Service Group, Age, Gender and Ethnicity for all Service Groups

Data Effective: August 31, 2015

Description: Rider 28 Client counts by Service Group, Age Group, Gender and Ethnicity, displayed by Region. Rider 28 clients are those individuals who have an 'Enrolled From' code 12 entered in SAS on or after September 1, 2003, AND who has not previously been identified as a Rider 37 client.

Service Group	Age Group	Gender	Ethnicity	00	01	02	03	04	05	06	07	08	09	10	11	Total	
MEDICALLY DEPENDE	18 - 20	F	HISPANIC		2	1	3			3		1		1	1	12	
			UNKNOWN		3	1	10	2	1	7	4	2	1	1		32	
			WHITE- NOT OF HISP. ORIGIN		4		7			4	3	1	2			21	
		M	BLACK- NOT OF HISP. ORIGIN		1		4	1		2	1						9
			HISPANIC		1		4				2	5	1	3	2	18	
			UNKNOWN	1	1	3	13	6	2	9	3	7	1			46	
			WHITE- NOT OF HISP. ORIGIN		1		15		1	3	2	1	2			25	
<b>LY DEPENDENT CHILDREN PROGRAM (MDCP): 3,039</b>																	



# Rider 28 Counts by Region of Service Group, Age, Gender and Ethnicity for all Service Groups

Data Effective: August 31, 2015

Description: Rider 28 Client counts by Service Group, Age Group, Gender and Ethnicity, displayed by Region. Rider 28 clients are those individuals who have an 'Enrolled From' code 12 entered in SAS on or after September 1, 2003, AND who has not previously been identified as a Rider 37 client.

Service Group	Age Group	Gender	Ethnicity	00	01	02	03	04	05	06	07	08	09	10	11	Total
PACE	45 - 64	M	WHITE- NOT OF HISP. ORIGIN	1												1
	65 - 69	F	HISPANIC											1		1
		M	HISPANIC	1										1		2
	75 - 79	F	HISPANIC											1		1
			UNKNOWN											1		1
		M	HISPANIC											1		1
	85 - 89	F	HISPANIC											1		1
	90 - 94	F	HISPANIC											1		1
95 - 99	F	HISPANIC											1		1	
<b>Totals for PACE: 10</b>																

# Rider 28 Counts by Region of Service Group, Age, Gender and Ethnicity for all Service Groups

Data Effective: August 31, 2015

Description: Rider 28 Client counts by Service Group, Age Group, Gender and Ethnicity, displayed by Region. Rider 28 clients are those individuals who have an 'Enrolled From' code 12 entered in SAS on or after September 1, 2003, AND who has not previously been identified as a Rider 37 client.

Service Group	Age Group	Gender	Ethnicity	00	01	02	03	04	05	06	07	08	09	10	11	Total			
STAR+PLUS	100 +	F	HISPANIC												1	1			
			UNKNOWN					1									1		
			WHITE- NOT OF HISP. ORIGIN				1						1				1	3	
	22 - 44	F	M	HISPANIC												1	1		
				ASIAN OR PACIFIC ISLANDER				1				1		2				4	
				BLACK- NOT OF HISP. ORIGIN			1	9	3		4	1	2	1					21
				HISPANIC		1	1	3				2	2				1	15	25
				UNKNOWN			1	4	1	2	2	2	3					2	17
				WHITE- NOT OF HISP. ORIGIN		5	4	20	16	4	6	9	3					3	70
				ASIAN OR PACIFIC ISLANDER								1	1						2
				BLACK- NOT OF HISP. ORIGIN		1	1	12	2	5	3	6	4						34
				HISPANIC		3		5	1		5	6	11				1	20	52
				UNKNOWN	1	1		8	2	3	3	1	1						20
		WHITE- NOT OF HISP. ORIGIN			9	31	15	6	13	14	3	4			1	5	101		
		45 - 64	F	M	ASIAN OR PACIFIC ISLANDER					1		2			1			4	
					BLACK- NOT OF HISP. ORIGIN	2	3	1	73	35	11	28	22	7	2				184
					HISPANIC	1	4	3	14			9	7	25	4		4	44	115
					UNKNOWN	1	2	2	22	14	9	6	11	5	4			5	81
					WHITE- NOT OF HISP. ORIGIN	7	16	23	136	79	37	36	58	23	11		2	20	448
			M	AMERICAN INDIAN OR ALASKAN NATI			1	2	1										4
				ASIAN OR PACIFIC ISLANDER		1		2	1		3	1	2						10
				BLACK- NOT OF HISP. ORIGIN	3	4	3	76	20	16	33	12	5	2		1			175
				HISPANIC	1	7	3	23	2		19	18	44	1	12		59	189	
	OTHER											1						1	
	UNKNOWN			3	2	2	36	8	8	15	10	8			1	5	98		
	WHITE- NOT OF HISP. ORIGIN			3	14	15	148	61	31	49	56	35	4		3	18	437		
	65 - 69			F	M	ASIAN OR PACIFIC ISLANDER							1					1	2
						BLACK- NOT OF HISP. ORIGIN		1		27	10	7	6	4	2		1	1	59
HISPANIC							2	1	11			2	5	14	3		1	14	53
UNKNOWN								1	8	3	3	3	4	1				3	26
WHITE- NOT OF HISP. ORIGIN							3	5	77	41	9	11	23	19	3			17	208
AMERICAN INDIAN OR ALASKAN NATI										1	1			1				3	

# Rider 28 Counts by Region of Service Group, Age, Gender and Ethnicity for all Service Groups

Data Effective: August 31, 2015

Description: Rider 28 Client counts by Service Group, Age Group, Gender and Ethnicity, displayed by Region. Rider 28 clients are those individuals who have an 'Enrolled From' code 12 entered in SAS on or after September 1, 2003, AND who has not previously been identified as a Rider 37 client.

Service Group	Age Group	Gender	Ethnicity	00	01	02	03	04	05	06	07	08	09	10	11	Total		
STAR+PLUS	65 - 69	M	ASIAN OR PACIFIC ISLANDER							1						1		
			BLACK- NOT OF HISP. ORIGIN			2	22	4	8	9	4		1				50	
			HISPANIC		1	1	3	2		1	2	7	1	2		25	45	
			UNKNOWN			1	6	2	1	2	3	3			1		19	
			WHITE- NOT OF HISP. ORIGIN		8	11	51	10	3	7	16	9	1	1		8	125	
	70 - 74	F	AMERICAN INDIAN OR ALASKAN NATI				1										1	
			ASIAN OR PACIFIC ISLANDER				1										1	
			BLACK- NOT OF HISP. ORIGIN				15	4	2	6	7	1				1	36	
			HISPANIC			1	3	1			1	12	1	2		14	35	
			UNKNOWN	1	1	1	6	6		3	2	2				1	23	
			WHITE- NOT OF HISP. ORIGIN		5	7	52	26	11	14	23	10	4	2		7	161	
		M	AMERICAN INDIAN OR ALASKAN NATI				1			1								2
			ASIAN OR PACIFIC ISLANDER									1						1
			BLACK- NOT OF HISP. ORIGIN		1		12	8	5	8	4	2					1	41
			HISPANIC				5				3	3	7			1	24	43
			UNKNOWN		1		3										6	10
			WHITE- NOT OF HISP. ORIGIN		3	6	19	18	7	9	12	9	1	1		8	93	
			U	BLACK- NOT OF HISP. ORIGIN								1						1
	75 - 79	F	ASIAN OR PACIFIC ISLANDER				4						1		1		6	
			BLACK- NOT OF HISP. ORIGIN				10	5	6	4	4	4					33	
			HISPANIC		2		6			3	2	4	1	3		22	43	
			UNKNOWN				7	3		5		1				2	18	
			WHITE- NOT OF HISP. ORIGIN	2	1	8	53	24	15	7	17	14			1	5	147	
		M	ASIAN OR PACIFIC ISLANDER				2						1					3
			BLACK- NOT OF HISP. ORIGIN				6	4	5	2	5							22
			HISPANIC		1	2	4	1	1	5	2	8			2	15	41	
			UNKNOWN				3			2		1	1			3	10	
			WHITE- NOT OF HISP. ORIGIN		1	6	22	16	6	3	10	5			1	2	72	
			U	UNKNOWN				1										1
		80 - 84	F	BLACK- NOT OF HISP. ORIGIN		1		9	8	6	2	6	3					35
	HISPANIC				1	1	2			3	2	15			4	33	61	
	OTHER						1											1

# Rider 28 Counts by Region of Service Group, Age, Gender and Ethnicity for all Service Groups

Data Effective: August 31, 2015

Description: Rider 28 Client counts by Service Group, Age Group, Gender and Ethnicity, displayed by Region. Rider 28 clients are those individuals who have an 'Enrolled From' code 12 entered in SAS on or after September 1, 2003, AND who has not previously been identified as a Rider 37 client.

Service Group	Age Group	Gender	Ethnicity	00	01	02	03	04	05	06	07	08	09	10	11	Total		
STAR+PLUS	80 - 84	F	UNKNOWN				8		3	1	7	5			3	27		
			WHITE- NOT OF HISP. ORIGIN		5	11	46	30	9	9	24	8	4	5	5	156		
		M	ASIAN OR PACIFIC ISLANDER				1											1
			BLACK- NOT OF HISP. ORIGIN				5	1	4	1	1	1						13
			HISPANIC		1		3				2	1	4			5	17	33
			UNKNOWN		2		1			1		1					1	6
	WHITE- NOT OF HISP. ORIGIN		2	2	17	9	3	2	7	2					8	52		
	85 - 89	F	ASIAN OR PACIFIC ISLANDER								1	1	1				3	
			BLACK- NOT OF HISP. ORIGIN		1		10	1	3	5	3	2						25
			HISPANIC		2	1	2			4	3	10			10	18		50
			UNKNOWN		1	1	1					3	4	1		1		12
			WHITE- NOT OF HISP. ORIGIN		2	7	32	26	6	10	12	5	2	3	7			112
		M	ASIAN OR PACIFIC ISLANDER				2											2
			BLACK- NOT OF HISP. ORIGIN				4	1	1	1	1	1						9
			HISPANIC			1	1					2	3			2	10	19
			UNKNOWN			1				1	1						1	4
			WHITE- NOT OF HISP. ORIGIN		2	1	7	6	3	2	3	4	2			2		32
	90 - 94	F	ASIAN OR PACIFIC ISLANDER				1					1				1	3	
			BLACK- NOT OF HISP. ORIGIN		1		2	7	1	1	2	2				2		18
			HISPANIC		1	2	1					3	5			1	25	38
			UNKNOWN						3			1			1		2	7
			WHITE- NOT OF HISP. ORIGIN		3	9	23	14	9	5	8	5	3	3	3	8		90
		M	BLACK- NOT OF HISP. ORIGIN				1					2	1	2				6
			HISPANIC			1							1	1		1	13	17
			UNKNOWN											1				1
			WHITE- NOT OF HISP. ORIGIN		1	5	3	3	1								1	14
			ASIAN OR PACIFIC ISLANDER									1						1
	95 - 99	F	BLACK- NOT OF HISP. ORIGIN				2			2	1	1					6	
			HISPANIC										2			6	8	
			UNKNOWN					1				1					2	
			WHITE- NOT OF HISP. ORIGIN		2	2	6	6				3	2	1		2		24
		M	ASIAN OR PACIFIC ISLANDER									1						1
BLACK- NOT OF HISP. ORIGIN									1			1					2	



# Rider 28 Counts by Region of Service Group, Age, Gender and Ethnicity for all Service Groups

Data Effective: August 31, 2015

Description: Rider 28 Client counts by Service Group, Age Group, Gender and Ethnicity, displayed by Region. Rider 28 clients are those individuals who have an 'Enrolled From' code 12 entered in SAS on or after September 1, 2003, AND who has not previously been identified as a Rider 37 client.

Service Group	Age Group	Gender	Ethnicity	00	01	02	03	04	05	06	07	08	09	10	11	Total
STAR+PLUS	95 - 99	M	HISPANIC												1	1
<b>Totals for STAR+PLUS: 4,424</b>																
<b>Grand Total</b>																<b>7,522</b>



# Rider 28 Clients Living Arrangement after Leaving the Nursing Facility by Region

Data Effective: August 31, 2015

**Description:**

Unduplicated client count by client living arrangement and region. Rider 28 clients are those individuals who have an 'Enrolled From' code 12 entered in SAS on or after September 1, 2003, AND who has not previously been identified as a Rider 37 client.

Living Arrangement	00	01	02	03	04	05	06	07	08	09	10	11	Total
COMMUNITY - ADULT FOSTER CARE		1		6			1	1	2		9		20
COMMUNITY - ALONE	15	42	70	397	133	128	241	232	142	19	13	218	1,650
COMMUNITY - ALTERNATIVE LIVING/RES. CARE	7	26	47	483	244	34	118	81	95	8	11	55	1,209
COMMUNITY - W/FAMILY	13	203	108	1,445	370	212	682	456	516	96	88	328	4,517
COMMUNITY - W/OTHER WAIVER PARTICIPANTS		3	2	24	6		6	11	4	2	2	11	71
UNKNOWN	2	7		3	1			1	2	3	8	2	29
	1	1	1	3	3		5	6		5		1	26
Total: 7,522													

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Description: Demographic information about currently active Rider 28 Clients. Rider 28 clients are those individuals who have an 'Enrolled From' code 12 entered in SAS on or after September 1, 2003, AND who has not previously been identified as a Rider 37 client.

Living Arrangement	Client Count
COMMUNITY - ADULT FOSTER CARE	20
COMMUNITY - ALONE	1,650
COMMUNITY - ALTERNATIVE. LIVING/RES. CARE	1,209
COMMUNITY - RESIDENTIAL SUPPORT SERVICE	1
COMMUNITY - SUPERVISED LIVING	5
COMMUNITY - W/FAMILY	4,517
COMMUNITY - W/OTHER WAIVER PARTICIPANTS	71
COMMUNITY FOSTER CARE	9
OTHER	29
OWN HOME FAMILY HOME	11

Service Group	Client Count
CLASS	47
COMMUNITY CARE	2
MEDICALLY DEPENDENT CHILDREN PROGRAM (	3,039
PACE	10
STAR+PLUS	4,424
<b>Total</b>	<b>7,522</b>

Age Group	Client Count
0 - 9	1,850
10 - 17	1,021
100 +	6
18 - 20	175
22 - 44	374
45 - 64	1,756
65 - 69	598
70 - 74	448
75 - 79	400
80 - 84	385
85 - 89	269
90 - 94	195
95 - 99	45
<b>Total</b>	<b>7,522</b>

Region	Client Count
00	38
01	283
02	228
03	2,361
04	757
05	374
06	1,053
07	788
08	761
09	133
10	131
11	615
<b>Total</b>	<b>7,522</b>

Gender	Client Count
FEMALE	3,874
MALE	3,644
UNKNOWN	4
<b>Total</b>	<b>7,522</b>

Ethnicity	Client Count
AMERICAN INDIAN OR ALASKAN NATIVE	44
ASIAN OR PACIFIC ISLANDER	142
BLACK- NOT OF HISP. ORIGIN	972
HISPANIC	1,456
OTHER	14
UNKNOWN	1,332
WHITE- NOT OF HISP. ORIGIN	3,562

Description: Demographic information about currently active Rider 28 Clients. Rider 28 clients are those individuals who have an 'Enrolled From' code 12 entered in SAS on or after September 1, 2003, AND who has not previously been identified as a Rider 37 client.

Living Arrangement	Client Count
<b>Total</b>	<b>7,522</b>
Note: The "OTHER" category includes those clients with a null living arrangement or a living arrangement of Nursing Facility.	

Ethnicity	Client Count
<b>Total</b>	<b>7,</b>

## Community Transitions By Fiscal Year FY2003 through FY2016 (As of 2/29/2016)

	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015	FY2016
ABSSLC	5	1	3	2	3	7	14	20	11	18	33	26	24	9
AUSSLC	9	1	4	3	8	5	19	15	14	16	25	15	32	1
BSSLC	8	5	3	5	8	19	13	39	28	12	16	13	12	6
CCSSLC	16	11	10	10	23	25	27	25	13	9	15	16	6	1
DSSLC	2	1	2	2	4	10	16	16	8	12	20	26	13	3
EPSSLC	4	1	1	3	4	4	3	4	3	7	10	8	7	2
LBSSLC	8	6	2	20	12	19	22	11	5	10	10	10	9	4
LFSSLC	9	5	3	4	3	5	8	11	20	16	22	21	22	5
MSSLC	14	14	22	23	19	32	67	100	51	41	52	68	57	10
RSSLC	16	7	7	7	10	38	29	52	24	30	22	18	14	2
RGSC	6	5	4	1	0	2	4	2	2	7	13	5	7	6
SaGSSLC	8	13	6	12	19	30	24	27	19	25	28	22	18	6
SASSLC	6	5	9	5	5	10	6	8	6	4	21	13	12	3
Totals	111	75	76	97	118	206	252	330	204	207	287	261	233	58

	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015	FY2016
Average	9.25	6.25	6.33	8.08	9.83	17.17	21.00	27.50	17.00	17.25	23.92	21.75	19.42	9.67

**State Supported Living Centers  
Promoting Independence- Group 3  
As of 2/29/2016**

**Total Current Referrals: 133**

**FY2016**

	Monthly Referrals	Removed from Referrals For Transitions List						
		Transitions	Discharged	Died	Individual Choice	LAR Choice	IDT Decision	Total Removed
Sep '15	21	6	0	0	0	1	3	10
Oct '15	19	5	0	0	0	0	1	6
Nov '15	21	0	0	0	0	0	2	2
Dec '15	13	1	0	0	1	0	0	2
Jan '16	22	0	0	0	0	0	1	1
Feb '16	17	0	0	0	0	0	0	0
<b>FY2016 Totals:</b>	<b>113</b>	<b>12</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>7</b>	<b>21</b>

Remaining to move for FY2016: 92

**State Supported Living Centers  
Promoting Independence- Group 3  
As of 2/29/2016**

**Total Current Referrals: 133**

**FY2015**

	Monthly Referrals	Removed from Referrals For Transitions List						
		Transitions	Discharged	Died	Individual Choice	LAR Choice	IDT Decision	Total Removed
Sep '14	29	14	0	0	3	7	5	29
Oct '14	24	16	0	0	0	3	5	24
Nov '14	16	11	0	0	0	0	4	15
Dec '14	14	7	0	0	1	3	3	14
Jan '15	24	10	0	0	2	6	4	22
Feb '15	29	14	0	0	0	7	5	26
Mar '15	32	23	0	0	0	4	4	31
Apr '15	21	11	0	1	0	2	4	18
May '15	21	6	0	0	0	0	6	12
Jun '15	10	4	0	0	1	1	2	8
Jul '15	15	5	0	0	0	2	4	11
Aug '15	19	4	0	0	0	2	4	10
<b>FY2015 Totals:</b>	<b>254</b>	<b>125</b>	<b>0</b>	<b>1</b>	<b>7</b>	<b>37</b>	<b>50</b>	<b>220</b>

Remaining to move for FY2015: 34

**State Supported Living Centers  
Promoting Independence- Group 3  
As of 2/29/2016**

**Total Current Referrals: 133**

**FY2014**

	Monthly Referrals	Removed from Referrals For Transitions List						
		Transitions	Discharged	Died	Individual Choice	LAR Choice	IDT Decision	Total Removed
Sep '13	33	20	0	0	0	3	10	33
Oct '13	36	24	0	0	1	4	7	36
Nov '13	33	22	0	0	1	0	10	33
Dec '13	40	28	0	0	1	2	8	39
Jan '14	49	31	0	0	0	4	13	48
Feb '14	30	19	0	0	1	4	6	30
Mar '14	30	19	0	0	1	3	7	30
Apr '14	34	22	0	0	1	6	5	34
May '14	22	14	0	0	0	2	4	20
Jun '14	34	21	0	0	2	4	6	33
Jul '14	36	26	0	0	0	7	2	35
Aug '14	20	14	0	0	0	4	2	20
<b>FY2014 Totals:</b>	<b>397</b>	<b>260</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>43</b>	<b>80</b>	<b>391</b>

Remaining to move for FY2014: 6

**State Supported Living Centers  
Promoting Independence- Group 3  
As of 2/29/2016**

**Total Current Referrals: 133**

**FY2013**

	Monthly Referrals	Removed from Referrals For Transitions List						
		Transitions	Discharged	Died	Individual Choice	LAR Choice	IDT Decision	Total Removed
Sep '12	33	24	0	0	1	0	8	33
Oct '12	38	20	0	0	1	5	12	38
Nov '12	36	26	0	1	3	1	5	36
Dec '12	30	18	0	1	0	3	8	30
Jan '13	25	17	0	1	1	2	4	25
Feb '13	24	18	0	0	0	2	4	24
Mar '13	26	19	0	0	0	2	5	26
Apr '13	21	11	0	1	0	1	8	21
May '13	25	15	0	0	0	3	7	25
Jun '13	37	20	0	0	2	6	9	37
Jul '13	43	23	0	0	5	7	7	42
Aug '13	39	29	0	0	3	1	6	39
<b>FY2013 Totals:</b>	<b>377</b>	<b>240</b>	<b>0</b>	<b>4</b>	<b>16</b>	<b>33</b>	<b>83</b>	<b>376</b>

Remaining to move for FY2013: 1

**State Supported Living Centers  
Promoting Independence- Group 3  
As of 2/29/2016**

**Total Current Referrals: 133**

**FY2012**

	Monthly Referrals	Removed from Referrals For Transitions List						
		Transitions	Discharged	Died	Individual Choice	LAR Choice	IDT Decision	Total Removed
Sep '11	35	23	0	0	1	4	7	35
Oct '11	27	18	0	1	1	3	4	27
Nov '11	25	22	0	0	1	1	1	25
Dec '11	11	8	0	0	1	2	0	11
Jan '12	15	12	0	0	0	1	2	15
Feb '12	28	24	0	0	2	1	1	28
Mar '12	14	7	0	0	1	2	4	14
Apr '12	26	18	0	0	0	2	6	26
May '12	37	29	0	1	0	6	1	37
Jun '12	28	20	0	0	0	3	4	28
Jul '12	32	18	0	0	2	4	8	32
Aug '12	41	35	0	0	0	3	3	41
<b>FY2012 Totals:</b>	<b>319</b>	<b>234</b>	<b>0</b>	<b>2</b>	<b>9</b>	<b>32</b>	<b>41</b>	<b>319</b>

Remaining to move for FY2012: 0

**State Supported Living Centers  
Promoting Independence- Group 3  
As of 2/29/2016**

**Total Current Referrals: 133**

**FY2011**

	Monthly Referrals	Removed from Referrals For Transitions List						
		Transitions	Discharged	Died	Individual Choice	LAR Choice	IDT Decision	Total Removed
Sep '10	24	21	0	0	2	1	0	24
Oct '10	20	17	0	0	1	1	1	20
Nov '10	28	21	0	0	2	2	3	28
Dec '10	16	11	0	0	1	1	3	16
Jan '11	19	13	0	1	2	1	2	19
Feb '11	13	8	0	0	1	1	3	13
Mar '11	22	16	0	1	0	4	1	22
Apr '11	25	18	0	0	1	2	4	25
May '11	26	19	0	0	1	2	4	26
Jun '11	23	18	0	1	0	2	2	23
Jul '11	37	29	0	0	4	0	4	37
Aug '11	39	31	0	0	0	3	5	39
<b>FY2011 Totals:</b>	<b>292</b>	<b>222</b>	<b>0</b>	<b>3</b>	<b>15</b>	<b>20</b>	<b>32</b>	<b>292</b>

Remaining to move for FY2011: 0

**State Supported Living Centers  
Promoting Independence- Group 3  
As of 2/29/2016**

**Total Current Referrals: 133**

**FY2010**

	Monthly Referrals	Removed from Referrals For Transitions List						
		Transitions	Discharged	Died	Individual Choice	LAR Choice	IDT Decision	Total Removed
Sep '09	30	22	0	0	2	1	5	30
Oct '09	15	7	0	0	1	2	5	15
Nov '09	47	34	0	0	1	4	8	47
Dec '09	18	10	0	0	0	3	5	18
Jan '10	32	26	0	0	0	1	5	32
Feb '10	23	18	0	0	0	1	4	23
Mar '10	36	29	0	0	1	3	3	36
Apr '10	29	21	0	0	1	2	5	29
May '10	20	13	0	0	2	1	4	20
Jun '10	29	18	0	1	2	4	4	29
Jul '10	22	16	0	0	0	4	2	22
Aug '10	18	12	0	0	3	1	2	18
<b>FY2010 Totals:</b>	<b>319</b>	<b>226</b>	<b>0</b>	<b>1</b>	<b>13</b>	<b>27</b>	<b>52</b>	<b>319</b>

Remaining to move for FY2010: 0

**State Supported Living Centers  
Promoting Independence- Group 3  
As of 2/29/2016**

**Total Current Referrals: 133**

**FY2009**

	Monthly Referrals	Removed from Referrals For Transitions List						
		Transitions	Discharged	Died	Individual Choice	LAR Choice	IDT Decision	Total Removed
Sep '08	40	34	0	0	2	1	3	40
Oct '08	45	37	0	0	0	2	6	45
Nov '08	27	24	0	0	1	0	2	27
Dec '08	23	20	0	0	1	1	1	23
Jan '09	39	35	0	0	0	2	2	39
Feb '09	48	40	0	0	0	2	6	48
Mar '09	45	40	0	0	1	2	2	45
Apr '09	40	34	0	0	1	1	4	40
May '09	39	28	0	0	0	2	9	39
Jun '09	42	33	0	0	3	3	3	42
Jul '09	47	41	0	0	1	2	3	47
Aug '09	34	26	0	0	0	5	3	34
<b>FY2009 Totals:</b>	<b>469</b>	<b>392</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>23</b>	<b>44</b>	<b>469</b>

Remaining to move for FY2009: 0

**State Supported Living Centers  
Promoting Independence- Group 3  
As of 2/29/2016**

**Total Current Referrals: 133**

**FY2008**

	Monthly Referrals	Removed from Referrals For Transitions List						
		Transitions	Discharged	Died	Individual Choice	LAR Choice	IDT Decision	Total Removed
Sep '07	17	15	0	0	0	0	2	17
Oct '07	34	27	0	0	0	1	6	34
Nov '07	28	18	0	0	2	5	3	28
Dec '07	9	8	0	0	0	0	1	9
Jan '08	23	20	0	0	0	2	1	23
Feb '08	14	13	0	0	0	1	0	14
Mar '08	23	21	0	0	0	1	1	23
Apr '08	29	28	0	0	1	0	0	29
May '08	38	33	0	1	1	3	0	38
Jun '08	27	25	0	0	0	1	1	27
Jul '08	26	25	0	0	0	1	0	26
Aug '08	32	27	0	0	0	2	3	32
<b>FY2008 Totals:</b>	<b>300</b>	<b>260</b>	<b>0</b>	<b>1</b>	<b>4</b>	<b>17</b>	<b>18</b>	<b>300</b>

Remaining to move for FY2008: 0

**State Supported Living Centers  
Promoting Independence- Group 3  
As of 2/29/2016**

**Total Current Referrals: 133**

**FY2007**

	Monthly Referrals	Removed from Referrals For Transitions List						
		Transitions	Discharged	Died	Individual Choice	LAR Choice	IDT Decision	Total Removed
Sep '06	5	5	0	0	0	0	0	5
Oct '06	12	10	0	0	0	1	1	12
Nov '06	4	4	0	0	0	0	0	4
Dec '06	6	6	0	0	0	0	0	6
Jan '07	9	9	0	0	0	0	0	9
Feb '07	12	12	0	0	0	0	0	12
Mar '07	20	16	0	0	0	2	2	20
Apr '07	18	16	0	0	0	1	1	18
May '07	26	22	0	0	0	2	2	26
Jun '07	15	10	0	0	0	1	4	15
Jul '07	23	21	0	1	0	1	0	23
Aug '07	25	20	0	0	0	0	5	25
<b>FY2007 Totals:</b>	<b>175</b>	<b>151</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>8</b>	<b>15</b>	<b>175</b>

Remaining to move for FY2007: 0

**State Supported Living Centers  
Promoting Independence- Group 3  
As of 2/29/2016**

**Total Current Referrals: 133**

**FY2006**

	Monthly Referrals	Removed from Referrals For Transitions List						
		Transitions	Discharged	Died	Individual Choice	LAR Choice	IDT Decision	Total Removed
Sep '05	20	18	0	0	0	1	1	20
Oct '05	14	13	0	0	0	1	0	14
Nov '05	11	11	0	0	0	0	0	11
Dec '05	4	3	0	0	0	0	1	4
Jan '06	9	9	0	0	0	0	0	9
Feb '06	6	6	0	0	0	0	0	6
Mar '06	13	11	0	0	0	1	1	13
Apr '06	17	11	0	0	0	1	5	17
May '06	8	6	0	0	0	0	2	8
Jun '06	9	9	0	0	0	0	0	9
Jul '06	6	3	0	0	0	1	2	6
Aug '06	10	9	0	0	0	0	1	10
<b>FY2006 Totals:</b>	<b>127</b>	<b>109</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>13</b>	<b>127</b>

Remaining to move for FY2006: 0



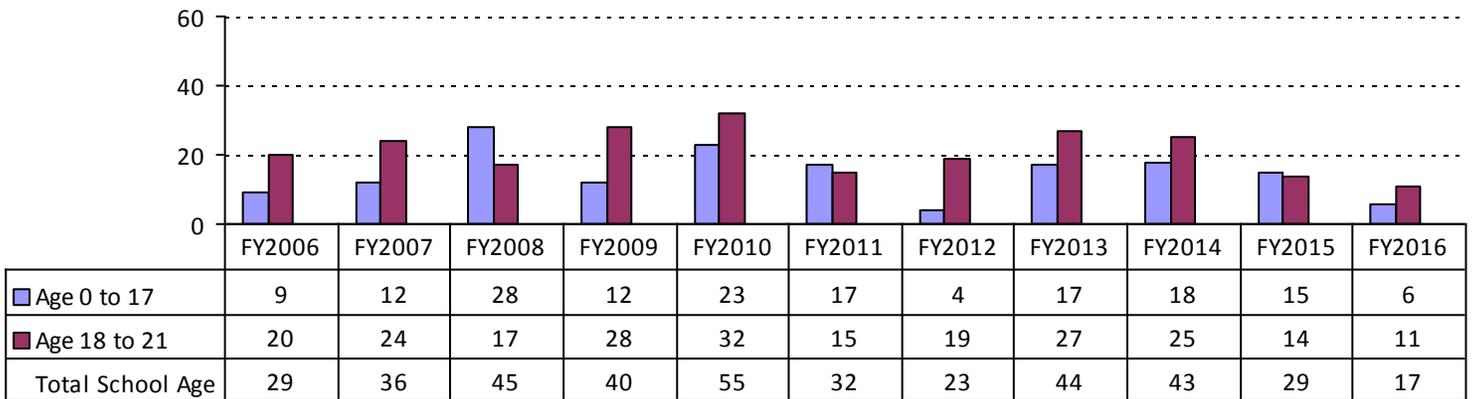
**State Supported Living Centers  
School Age Admissions (Under Age 22)  
FY2006 through FY2016 (As of 2/29/2016)**

<b>Fiscal Year</b>	<b>Total School Age Admissions</b>	<b>Total Non-Offender Admissions</b>	<b>Total Non-Offender Age 0-17</b>	<b>Total Non-Offender Age 18-21</b>	<b>Total Alleged Offender Admissions</b>	<b>Total Alleged Offender Age 0-17</b>	<b>Total Alleged Offender Age 18-21</b>	<b>Percent Alleged Offender Admissions</b>
FY2006	125	90	45	45	35	32	3	28.00%
FY2007	151	107	68	39	44	43	1	29.14%
FY2008	149	94	52	42	55	46	9	36.91%
FY2009	85	40	25	15	45	40	5	52.94%
FY2010	90	41	24	17	49	39	10	54.44%
FY2011	64	27	10	17	37	36	1	57.81%
FY2012	66	25	9	16	41	32	9	62.12%
FY2013	76	30	16	14	46	33	13	60.53%
FY2014	88	47	25	22	41	37	4	46.59%
FY2015	75	45	17	28	30	29	1	40.00%
FY2016	40	28	10	18	12	10	2	30.00%
<b>11 Year Total</b>	<b>1009</b>	<b>574</b>	<b>301</b>	<b>273</b>	<b>435</b>	<b>377</b>	<b>58</b>	<b>43.11%</b>

**State Supported Living Centers  
School Age Community Transitions By Fiscal Year  
FY2006 through FY2016 (As of 2/29/2016)**

Fiscal Year	Total Transitions	Age 0-17	Age 18-21	Total	Percent
FY2006	97	9	20	29	29.90%
FY2007	118	12	24	36	30.51%
FY2008	206	28	17	45	21.84%
FY2009	252	12	28	40	15.87%
FY2010	330	23	32	55	16.67%
FY2011	204	17	15	32	15.69%
FY2012	207	4	19	23	11.11%
FY2013	287	17	27	44	15.33%
FY2014	261	18	25	43	16.48%
FY2015	233	15	14	29	12.45%
FY2016	58	6	11	17	29.31%
<b>Totals</b>	<b>2253</b>	<b>161</b>	<b>232</b>	<b>393</b>	<b>17.44%</b>

**School Age Placements By Fiscal Year**





**State Supported Living Centers  
Community Transition Returns Within 12 Months  
As Of 2/29/2016**

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Fiscal Year	Total Transitions	Returns Within 180 Days	Returns Greater Than 180 Days	Total Returns Within 12 Months
FY2006	97	5	2	7
FY2007	118	3	0	3
FY2008	206	11	3	14
FY2009	252	11	8	19
FY2010	330	8	2	10
FY2011	204	3	3	6
FY2012	207	5	0	5
FY2013	287	16	6	22
FY2014	261	9	6	15
FY2015	233	9	3	12
FY2016	58	6	0	6
<b>Totals</b>	<b>2253</b>	<b>86</b>	<b>33</b>	<b>119</b>

**Promoting Independence Advisory Committee  
Department Activity Report**

<b>Department Name:</b>	<b>Date:</b>
Department of State Health Services (DSHS)	April 7, 2016
<b>Legislation/Rider Update:</b>	
HHSC Special Provisions for all Agencies, Sec. 52. of the 81 <sup>st</sup> Legislative Session (Waiting List for Children’s Community Mental Health Services) Rider 65 of the 81 <sup>st</sup> Legislative Session (Transitional and On-Going Community Mental Health Services)	
<b>2013-2014 Promoting Independence Plan Directives:</b>	
<p>1. <i>Requires legislative direction and/or appropriations.</i></p> <p><b><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></b></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"> <li>○ Number of adults waiting for community-based mental health services = <u>707 as of February 29, 2016.</u></li> <li>○ Number of children waiting for community-based mental health services = <u>101 as of February 29, 2016.</u></li> </ul> <p>DSHS (via HHSC) received exceptional item funding (Sec. 52) for Children with Special Health Care Needs (CSHCN) to reduce waiting lists.</p> <p>Number of CSHCN waiting for community-based services:</p> <p>As of February 29, 2016 there were 83 children on the CSHCN Services Program waiting list for health care benefits. During the second quarter of FY 2016, 130 clients were removed from the waiting list on January 1, 2016 to receive comprehensive health care benefits.</p>	
<p>2. <i>Requires legislative direction and/or appropriations.</i></p> <p><b><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></b></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"> <li>○ Number of persons receiving ACT = <u>2,097 in February 2016 (including NorthSTAR).</u></li> </ul>	
<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) = 1,957 in February 2016 (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 March 2016 YES Waiver enrolled 1,237 active participants. The YES Waiver has been approved for statewide by Centers for Medicare and Medicaid Services (CMS) retroactively to September 2015. 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 Amendment 9 – Inclusion of Children in Department of Family and Protective Services Conservatorship. CMS approval of this amendment is expected in June 2016. DSHS has proposed an update to the Texas Administrative Code (TAC) to YES relating to management of the Inquiry List and the establishment of a reserve capacity for children at imminent risk of relinquishment.

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 Waiver clients as well.

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

DSHS received exceptional item funding during the 83<sup>rd</sup> Legislature, Regular Session, 2013 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).

Texas received federal approval of the Home and Community-Based Services-Adult Mental Health (HCBS-AMH) SPA from the Center for Medicare and Medicaid Services (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 five providers that have passed the open enrollment review process that plan to serve eight of the thirty-eight 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.

The 84<sup>th</sup> Legislature, Regular Session, 2015 directed DSHS to expand home and community based services to divert jail and emergency room populations to community based treatment. DSHS has submitted an amendment to the HCBS-AMH SPA to HHSC. Formal submission to CMS is anticipated in May 2016. 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 419. Of these, 231 have successfully completed one year of pilot services in the community. Almost 68% 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 44 clients in the community and 51 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, 5,062 supervisors and direct care staff members have been trained in the IMR psychosocial rehabilitative curriculum. In addition, 345 direct care staff members have received CAT certification.
- 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 will continue its analysis to examine whether information in the pilot 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. 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.

- In December, UTARI submitted a final draft of its year 4 Annual Evaluation Report which includes analyses of participant demographic and diagnostic characteristics, functioning and quality of life, and institutional status. In addition, UTARI facilitated presentations for DSHS and staff at each of the pilot sites outlining the highlights of the year 4 evaluation.

### **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.*

### **Veteran Peer Services and Training**

- In fiscal year 2016, 637 incarcerated Veterans at Texas Department of Criminal Justice (TDCJ) units received services from certified Peer Service Coordinators working in Local Mental Health Authorities (LMHAs) throughout the state. Additionally, these certified Peer Service Coordinators provided services to 461 Service Members, Veterans, and Family Members.
- Licensed mental health professionals who are also Veterans (called Field Clinicians) provided clinical services to 64 incarcerated Veterans in special TDCJ-Veteran Dormitory units in Austin and Gatesville. Additionally, these Field Clinicians provided clinical services to 319 Service Members, Veterans, and Family Members in Dallas/Fort Worth, Waco, Killeen, Austin, and San Antonio.
- To date, the Texas Veterans Commission (TVC) trained and certified 92 trainers employed at LMHAs to provide basic peer service training to peers in their service area. In fiscal year 2016, 461 peers received this training.

### **Other Recovery Initiatives**

- The Recovery Supports RFP was awarded to Mental Health Resources of Texas: Via Hope in January 2016. Via Hope is required to provide mental health, family partner peer certification and training, expand the practice of recovery oriented person center planning and further peer integration into the behavioral health service array. Via Hope continues 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. In addition, to grow the field and enhance peer relationships across the state, Via Hope facilitates the Certified Peer Specialist Advisory Council meetings where discussions of best practices, ethics, sanctions, and curriculum review occur on a regular basis.
- The UT Center for Social Work Research, Institute for Excellence in Mental Health, has initiated projects at Austin State Hospital to research the experiences of client's perception of recovery when working with peers compared to a control group that is not working with peers. A similar study has been initiated at Bluebonnet MHMR crisis units.

- The General Appropriations Act, 84<sup>th</sup> Legislature, Regular Session, 2015 (Article II, Department of State Health Services (DSHS), Rider 73) requires DSHS to implement a mental health peer support re-entry program. DSHS is required to partner with Local Mental Health Authorities (LMHAs) and county sheriffs to establish a pilot program that uses certified peer specialists (CPSs) to ensure inmates with a mental illness successfully transition from the county jail into clinically appropriate community-based care. As a result of stakeholder feedback, DSHS developed a Needs and Capacity Assessment which was distributed to LMHAs in November, 2015. DSHS anticipates contracts will be executed in late April 2016.

### **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 12,900 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/mhwid>

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 2.

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

# 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
2/29/2016	600	178	396	26	462	15	35	88

*\*Data for the Period Ending : 08/31/2015, InComplete, WCFY ( 1 record ) not received prior to report.*

*\*Data for the Period Ending : 02/29/2016, InComplete, BSH ( 118 records ), and WCFY ( 2 records ) not received prior to report.*

**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
<b>Number Readmitted Three or More Times in 180 Days Since FY2001</b>	4,850	4,862	4,875	4,885	4,899	4,915						
<b>Number Receiving Services</b>	1,607	1,580	1,595	1,578	1,585	1,584						
<b>Level of Care Received</b>												
<b>Crisis Services</b>	108	98	97	93	89	83						
<b>Level of Care 1 M</b> Medication Management	4	4	4	5	5	5						
<i>Average Service Hours</i>	0.13	0.21	0.42	0.89	0.1	0.3						
<b>Level of Care 1 S</b> Skills Training	742	726	733	722	728	740						
<i>Average Service Hours</i>	1.2	1.27	1.35	0.9	0.98	1.24						
<b>Level of Care 2</b> Medication, Coordination and CBT	8	8	8	9	8	8						
<i>Average Service Hours</i>	4.63	4.3	2.47	2.28	2.58	2.38						
<b>Level of Care 3</b> Medication, Psychosocial Rehabilitation	459	451	453	441	435	426						
<i>Average Service Hours</i>	5.76	5.47	4.94	5.11	4.67	5.21						
<b>Level of Care 4</b> Assertive Community Treatment (ACT)	265	273	279	288	291	291						
<i>Average Service Hours</i>	7.05	7.51	6.4	7.13	6.88	7.18						
<b>Level of Care 5</b> Crisis Follow up	14	12	11	15	23	25						
<b>Client Refused Services</b>	0	0	0	0	1	2						
<b>Waiting for All Services</b>	7	8	6	5	4	3						
<b>Not Eligible for Services</b>	0	0	4	0	1	1						
<b>Percent Appropriately-Authorized</b>	94.8	95.9	95.4	95.4	95.6	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 2.

**Source:** DSHS Client Assignment and REGistration (CARE) system and Clinical Management For Behavioral Health Services warehouse, 02/29/2016.

**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
<b>Number Readmitted Three or More Times in 180 Days Since FY2001</b>	362	363	366	366	367	368						
<b>Number Receiving Services</b>	50	57	60	53	54	55						
<b>Level of Care Received</b>												
<b>Crisis Services</b>	1	1	2	1	2	1						
<b>Level of Care 1 Medication Management</b>	2	2	3	2	2	3						
<i>Average Service Hours</i>	2.08	1.63	2.36	0.71	3.46	2.37						
<b>Level of Care 2 Targeted Services</b>	3	3	3	4	2	3						
<i>Average Service Hours</i>	2.83	1.92	1.22	1.33	5.85	4.26						
<b>Level of Care 3 Complex Services</b>	0	0	0	0	0	0						
<i>Average Service Hours</i>	0	0	0	0	0	0						
<b>Level of Care 4 Intensive Family Services</b>	2	2	2	1	1	3						
<i>Average Service Hours</i>	7.03	6.47	4.25	9.92	4.65	5.95						
<b>Level of Care 5 Transitional Services</b>	1	2	3	4	6	2						
<i>Average Service Hours</i>	0.55	1.75	3.44	1.42	3.53	6.82						
<b>Level of Care CYC - Young Children Services</b>	0	0	0	0	0	0						
<i>Average Service Hours</i>	0	0	0	0	0	0						
<b>Client Refused Services</b>	0	0	0	0	0	0						
<b>Waiting for services</b>	39	44	45	38	39	40						
<b>Not Eligible for Services</b>												
<b>Percent Appropriately-Authorized</b>	86.1	83.3	87.5	89.7	92.7	94.9						

**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 2.

**Source:** DSHS Client Assignment and REgistration (CARE) system and Clinical Management Behavioral Health Services warehouse, 02/29/2016.



# Patients Hospitalized for More Than One Year

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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
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8/31/2008	477	212	265		438	8	15	16

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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
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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
2/29/2016	711	191	493	27	551	15	37	108

*\*Data for the Period Ending : 08/31/2015, InComplete, WCFY ( 1 record ) not received prior to report.*

*\*Data for the Period Ending : 02/29/2016, InComplete, right 4 columns, BSH ( 7 records ), and WCFY ( 2 records ) Missing Updates from facility.*

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

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.

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						



**Promoting Independence Advisory Committee  
Department Activity Report**

**2nd Quarter 2016  
December, January, February**

DEPARTMENT NAME:	DATE:
Department of Assistive and Rehabilitative Services (DARS)	April 21, 2016
LEGISLATION/RIDER UPDATE	
<p><b>Legislative Implementation Activities</b></p> <p><u>Transition to Texas Workforce Commission</u>            The Texas Department of Assistive and Rehabilitative Services (DARS) continues to work with the Health and Human Services Commission (HHSC) and Texas Workforce Commission (TWC) on the transition of programs required by Senate Bill (SB) 200 and SB 208, 84th Legislature, Regular Session, 2015. Transition teams made up of individuals from DARS, HHSC, and TWC continue to implement steps to ensure a successful transition of the Vocational Rehabilitation, Business Enterprises of Texas, Independent Living Services Program for Older Individuals who are Blind (IL-OIB) programs, and the Criss Cole Rehabilitation Center to TWC on September 1, 2016 with no disruption to service delivery.</p> <ul style="list-style-type: none"> <li>On December 2, 2015, TWC provided written notification to DARS of their intent to contract with HHSC to administer the (IL-OIB) grant beginning on September 1, 2016. DARS, HHSC, and TWC continue to work together on the development of an interagency contract for the grant.</li> </ul> <p><u>Workforce Innovation and Opportunity Act</u>            The Workforce Innovation and Opportunity Act (WIOA) was signed into law on July 22, 2014. It 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.</p> <ul style="list-style-type: none"> <li>The U.S. Departments of Labor and Education extended the state plan submission deadline to April 1, 2016, to allow additional time for federal agencies to issue final instructions for plan submission and launch the portal that states will use to submit their plans.</li> <li>Following approval by the Governor, TWC and DARS submitted the Combined State Plan on April 1, 2016.</li> </ul>	

### Outsourcing of Independent Living Services

House Bill (HB) 2463, 84th Legislature, Regular Session, 2015 directs DARS to consolidate the Division for Blind Services (DBS) and Division for Rehabilitation Services (DRS) Independent Living (IL) programs and outsource the consolidated IL program to Centers for Independent Living (CILs) or other organizations by August 31, 2016. A cross-agency IL Outsourcing Project was formed and its members continue to guide the implementation of these legislative directives.

In addition, 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, the Public Consulting Group (PCG), to assist with implementing these directives. PCG has assisted by:

- completing an evaluation of CIL capacity for the 23 (of 27) CILs interested in contracting with HHSC to provide statewide IL services;
- providing a preliminary report which includes an analysis of the capacity of each participating CIL;
- providing recommendations for the development of technical assistance and training needed to ensure a successful transition of the IL program, service delivery, and administration; and
- providing the final CIL capacity assessment report in April 2016.

As part of the IL Outsourcing Project, DARS:

- drafted policies, standards, and rules for the combined program;
- is developing technical assistance and training for CILs to ensure a successful transition of service delivery by August 31, 2016; and
- released an application to CILs as part of contract negotiations.

To provide information about and solicit input on the proposed combined IL program and the outsourcing of the combined program, DARS held:

- public meetings in Fort Worth, San Antonio, and Midland in February 2016 prior to promulgating new program and contracting rules;
- meetings with key stakeholder groups; and
- webinars for CILs to ask questions and learn how DARS will approach the consolidation and outsourcing.

The DARS IL Outsourcing webpage is the central location for stakeholders to access project information, including a project overview, timelines, contact information, and frequently asked questions. The DARS IL Outsourcing webpage can be found at: <http://www.dars.state.tx.us/services/outsourcing.shtml>.

## 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.***

### DARS DRS Comprehensive Rehabilitation Services Program

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

As of February 29, 2016, the CRS program has:

- served 745 consumers;
- a waiting list of 40 individuals; and
- closed 162 cases successfully.

### DARS DRS Independent Living (IL) Services Program

As of February 29, 2016, the DARS DRS IL Services program has:

- served 1,581 Texans with significant disabilities;
- closed 409 cases successfully;
- a waiting list of 286 consumers; and
- an interest list of 1,369 individuals.

### DARS DBS IL Program

As of February 28, 2016, the Division for Blind Services (DBS) IL program served 2,430 individuals.

Rider 21 of the 2016-2017 biennium budget has 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 February 28, 2016, 130 consumers were served, obligating an estimated \$120,106.71.

## TOPICS OF INTEREST (ONGOING ISSUES/PROJECTS)

### Other DARS Initiatives

#### DARS Division for Rehabilitative Services Vocational Rehabilitation Transition Services

The DARS Division for Rehabilitation Services (DRS) Vocational Rehabilitation (VR) program provides Transition Services. Eligible youth and students with disabilities can receive transition planning services to prepare them to move from receiving education services to receiving VR services. Transition planning services help minimize potential delays in service delivery during the transition from school to competitive employment or independence.

As of February 29, 2016, the VR program has:

- served 23,808 eligible transition-age consumers; and
- closed 1,657 transition-age consumers' 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 to implement changes to transition policies and procedures, as required by the Workforce Innovation and Opportunity Act (WIOA). These changes will lead to increased collaboration with schools and community partners and will require working with students earlier and providing them with greater preparation for work and independence. DRS developed and is in the process of providing training to all school counselors in the state to increase consistency in service delivery.

#### DARS Division for Blind Services Transition Services

As of February 28, 2016, the Division for Blind Services (DBS) Transition Services 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 youth who are blind or visually impaired.

As of February 28, 2016, DBS Transition Services has:

- transferred 54 consumers successfully to the adult VR program;
- staffed 26 of the 26 transition counselor positions; and
- served 2,135 transition-age consumers.

### DARS Autism Program

The DARS Autism Program procured new contracts for fiscal year 2016 with the goal of expanding into new service areas. As a result of this procurement, the Autism Program signed contracts with:

- Autism Treatment Center (San Antonio)
- Bluebonnet Trails Community Services (Austin and surrounding counties)
- Center for Autism and Related Disorders (Austin, Corpus Christi, Dallas-Fort Worth, Houston, and San Antonio)
- Central Texas MHMR (Brownwood)
- Easter Seals East Texas (Bryan and Texarkana)
- Easter Seals North Texas (Dallas-Fort Worth)
- MHMR of Harris County
- MHMR of Concho Valley (San Angelo)
- Paso del Norte Children's Development Center (El Paso)
- Texana Center (Sugarland and Rosenberg)
- University of Texas Rio Grande Valley Andrews Center (Tyler)
- Heart of Texas Region MHMR Center (Waco)
- Permian Basin Community Centers for MHMR (Midland)
- Texas Tech University, Burkhardt Center (Lubbock)
- University of North Texas Kristin Farmer Center (Denton)

In addition, the Texas Autism Research & Resource Center (TARRC) will host the 6th annual Texas Autism Research Conference, "New Insights: Research to Practice" on June 14-15, 2016. The conference features:

- two national keynote speakers, Doreen Granpeesheh Ph.D., BCBA and Steve Silberma, author of NeuroTribes: The Legacy of Autism and the future of Neurodiversity;
- workshops focusing on innovative research with practical applications; and
- continuing education units for professionals attending the conference.

Participants must register by Tuesday, June 7, 2016. For more information and to register, visit the conference website: <http://txautismresearchconf.com/index.html>. Hotel reservations with the Crowne Plaza Hotel must be made using booking code **DARS TX Autism** prior to June 1, 2016, to receive the discount conference room rate.

### DARS Early Childhood Intervention Program

DARS Early Childhood Intervention (ECI) is currently engaged in a systemic improvement effort directed by the U.S. Department of Education, Office of Special Education Programs (OSEP). OSEP has required a new performance indicator, called the State Systemic Improvement Plan (SSIP), as part of the Individuals with Disabilities Education Act (IDEA) Part C annual evaluations. This new performance indicator focuses on improving results for children and families receiving ECI services.

Collaboration with early childhood stakeholders is vital to the SSIP. ECI Stakeholders include contractors, advocates, community partners, and parents of children receiving ECI services. Texas has chosen to implement a plan to improve the social-emotional skills of infants and toddlers with disabilities and developmental delays, which is consistent with stakeholder feedback.

This plan involves three phases over six years:

- Phase I: Completed, ECI staff analyzed data and the ECI system and solicited stakeholder input to guide which improvement strategies would have the greatest impact for children and families receiving ECI services.
- Phase II: Currently in development, this phase involves implementing strategies to improve social-emotional services and outcomes.
- Phase III: Forthcoming, during this phase ECI staff will evaluate the progress of the plan and make changes as necessary to continue improving the social-emotional growth of infants and toddlers receiving ECI services.

### **RELEVANT MEETING NOTICES**

#### **Rehabilitation Council of Texas (RCT)**

April 25-26, 2016  
Criss Cole Rehabilitation Center  
4800 N Lamar  
Austin TX 78756

#### **Texas Council on Autism and Pervasive Developmental Disorders (TCAPDD)**

June 13, 2016  
10:00 a.m. – 3:30 p.m.  
Location: TBD

Report Completed By: Shiloh Gonzalez

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## Promoting Independence Advisory Committee Department Activity Report

### Department of Family and Protective Services (DFPS) April 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 recently adopted the Employment First Policy. A link to the policy can be found at: <http://www.hhsc.state.tx.us/news/circulars/C-048.shtml>.

**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 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 83<sup>rd</sup> 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 (JMC) 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. CPS published Policy [2390](#) in December 2015 which explains the changes to JMC being offered to the parents who wish for CPS to take custody of their child solely to obtain mental health services.

## **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 March 2016, eight 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 March 2016, 82 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 35 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 35 children placed in Residential Treatment Center beds and 15 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.

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. Eight 2-hour online courses are now available for 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 partnering with families of children with special needs. The online courses are free of charge, offered in English and Spanish, and can be accessed at <http://childcare.tamu.edu>.

Additionally, 24 instructor-led trainings on inclusive care for pre-school and school-age children with special needs are being conducted statewide 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](http://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.
- Texas Department of Housing and Community Affairs (TDHCA) along with DFPS, DADS, and DSHS have begun the launch of the 811 Project Rental Assistance program. The Section 811 Project Rental Assistance (PRA) program provides project-based rental assistance for extremely low-income persons with disabilities linked with long term services. The program is limited to individuals who are part of the Target Population and receiving services through one of the HHSC Agencies participating in the program. Each eligible household must have a qualified member of the Target Population that will be at least 18 years of age and under the age of 62 at the time of admission. All three target populations are eligible for community-based, long-term care services as provided through Medicaid waivers, Medicaid state plan options, or state funded services and have been referred to TDHCA through their service provider. The target population includes youth with disabilities exiting foster care, people with disabilities living in institutions, and people with serious mental illness. <https://www.tdhca.state.tx.us/section-811-pra/>

### ***Relevant Meeting Notices***

- The next DFPS Council meeting will take place Friday April 22, 2016 from 9:00am till 1:00pm. The meeting will take place in the Winters Public Hearing Room, 701 West 51<sup>st</sup> Street, Austin, Texas 78751.
- The next Texas Governor's Committee on People with Disabilities meeting will take place starting in the afternoon of April 22 and continuing on the morning of April 23, 2016. The meeting will be followed by this year's Annual Barbara Jordan Media Awards ceremony. The meeting and ceremony will take place at the University of Texas Arlington, Arlington Texas.

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