

**Promoting Independence Advisory Committee
Department Activity Report**

| | |
|---|--------------|
| Department Name: | DATE: |
| Department of Aging and Disability Services | June 2016 |
| Legislation/Rider Update: | |

84th Legislature, Appropriations for 2016-17 Biennium

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

- 500 Home and Community-based Services (HCS) waiver slots for large and medium Intermediate Care Facilities for Individuals with an Intellectual Disability or Related Condition (ICFs/IID)
 - Individuals in large ICFs/IID – As of May 31, 2016, 31 HCS offers have been released and 8 individuals have been enrolled.
 - Individuals in small/medium ICFs/IID – As of May 31, 2016, 46 HCS offers have been released and 19 individuals have been enrolled.
 - Residents of state supported living centers – As of May 31, 2016, 111 HCS offers have been released and 73 individuals have been enrolled.
- 680 HCS waiver slots for adult individuals transitioning from nursing facilities – As of May 31, 2016, 979 HCS offers have been released and 126 individuals have been enrolled.
- 20 HCS waiver slots for individuals age 21 and under who reside in nursing facilities – As of May 31, 2016, 10 HCS offers have been released and 7 individuals have been enrolled.
- 400 HCS waiver slots for individuals at risk of ICF/IID institutionalization – As of May 31, 2016, 161 HCS offers have been released and 108 individuals have been enrolled.
- 600 HCS waiver slots for adult individuals at risk of nursing facility institutionalization – As of May 31, 2016, 148 HCS offers have been released and 93 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 May 31, 2016, 117 HCS offers have been released and 68 individuals have been enrolled.
- 25 HCS waiver slots for children transitioning from DFPS General Residential Operation – As of May 31, 2016, 13 HCS offers have been released and 5 individuals have been enrolled.
- 120 HCS waiver slots for individuals moving out of state hospitals – As of May 31, 2016, 81 HCS offers have been released and 41 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 by-pass the HCS interest list to receive HCS.
 - Between September 1, 2009, and May 31, 2016, 81 individuals received an HCS offer through this rider.
- Rider 35 (previously Rider 30)
 - Services under HCS waiver program:
 - As of May 31, 2016, there has been one instance where an individual referred for HCS services from community ICFs/IID was determined 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 program 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 ¹ | 2,350 | 493 | 1,963 | 6,399 | 1,935 | 13,140 |
| <i>Enrolled</i> | 242 | 23 | 1,332 | 508 | 687 | 2,792 |
| <i>Denied/Declined/Withdrawn</i> | 1,066 | 145 | 537 | 3,870 | 1,111 | 6,729 |
| <i>In the Pipeline</i> | 1,040 | 353 | 94 | 2,009 | 137 | 3,633 |
| | | | | | | |
| Current IL – April 30, 2016 | 56,200 | 57 | 78,034 | 18,567 | 56,123 | 208,981 ² |

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

² The total of Current IL counts in the above table is a duplicated count. The unduplicated count across all four Interest Lists is: **108,414**.

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 606 relocation assessments conducted and a total 342 transitions completed during March 2016 through May 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 = 606)

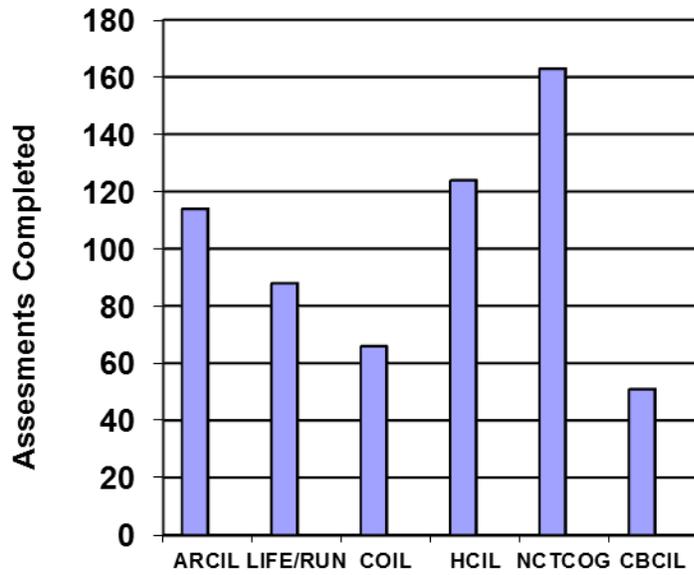
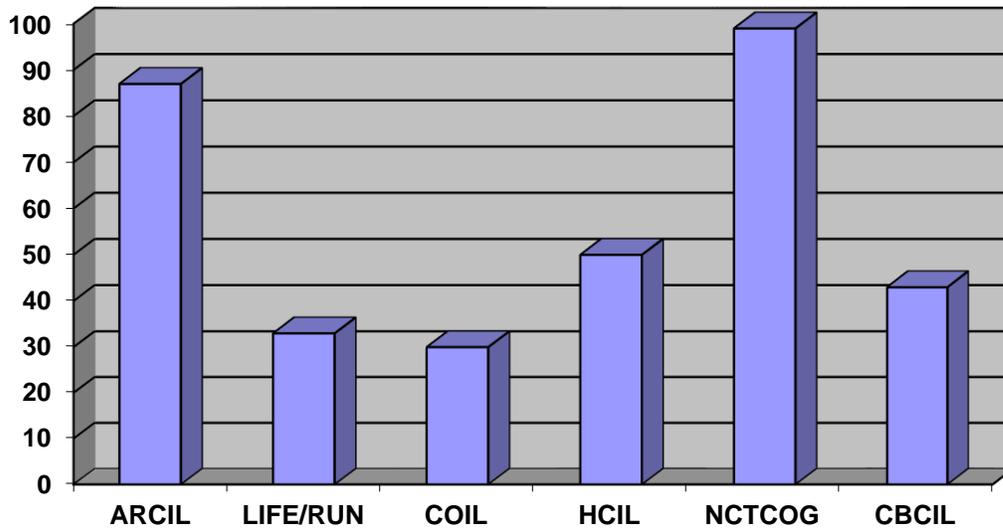
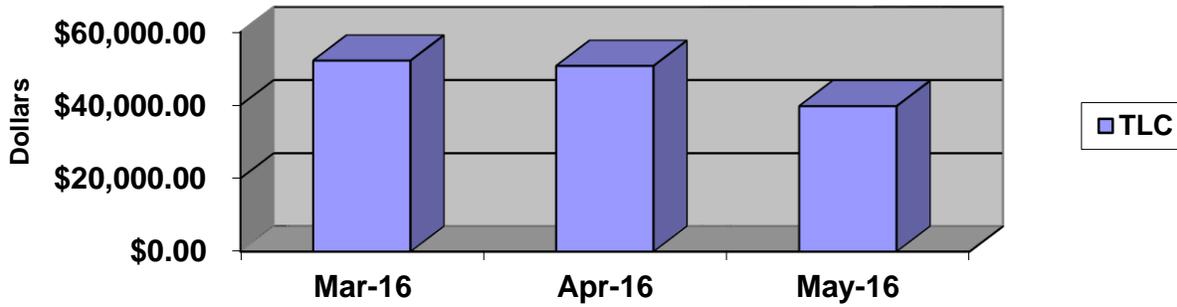


Figure 2
Transitions Completed by Relocation Contractors,
(Total = 342)



Based on claims data, a total of \$142,742.43 was billed for TLC grants Figure 3 demonstrates costs billed for TLC by month.

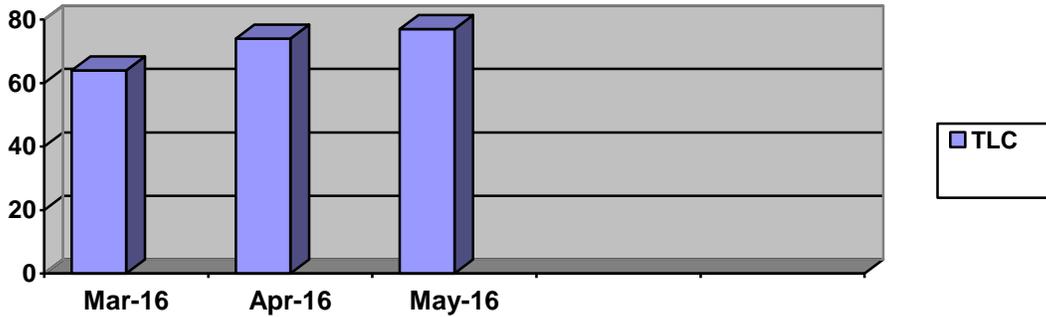
**Figure 3
TLC Costs Billed**



Total = \$142,742.43

Costs billed were for 215 TLC individuals. Figure 4 demonstrates TLC individuals whose costs were billed by month.

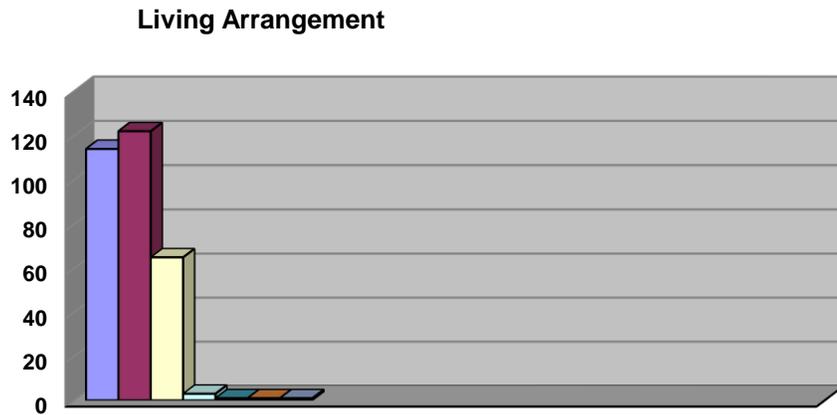
**Figure 4
TLC Consumers**



Total = 215

Data from the relocation contractors indicate 114 individuals transitioned back into their own or family home, 122 into assisted living facilities (ALF), 65 into rentals, 3 into an independent living center (ILC), 3 into senior retirement center, 15 into shared residence and 20 into other. Figure 5 demonstrates living arrangements for TLC individuals who transitioned.

Figure 5
Living Arrangement – For Those Who Transitioned
March 2016 through May 2016
(Total = 342)



There were 57 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, 83rd Legislature, Regular Session, 2013) allocated DADS funding to establish up to three additional PACE sites in Texas. DADS staff developed a request for proposal (RFP) in collaboration with staff at HHSC in 2014 but the RFP was closed in April 2016 due to vendors concerns with the proposed PACE reimbursement rates for the 2016-2017 biennium. The Health and Human Services Commission is developing new rate methodology rules for release in November 2016. A new RFP is slated to be posted to the Electronic State Business Daily website during the summer of 2016 to solicit bids for up to three additional PACE sites in Texas.

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 coordinating with the Texas Respite Advisory Committee to develop outreach materials to encourage caregivers to use respite care.

In June 2016, DADS awarded funds to two aging and disability resource centers (ADRCs) through a request for applications (RFA) to increase the availability of no-cost respite care provided by faith-based and volunteer groups. DADS funded these awards with an Administration for Community Living respite grant funds and state general revenue. The ADRC of Tarrant respite initiative focuses on expanding the network of no-cost respite care with its partners in the Fort Worth area. North Central Texas ADRC, Arlington, is focusing on expanding participation in a respite day camp to provide therapeutic horse riding to promote physical and emotional wellness. These initiatives are funded through August 31, 2016.

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 TLRCP. These ADRCs increase the availability of respite to caregivers, conduct public awareness and outreach events about respite care, and educate caregivers about the benefits of and access to respite care. 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 of support services.

During the months of March, 2016 through May, 2016 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 to purchase consumer-directed respite services (41%) or received respite services through a government agency (37 percent). The most common types of respite services used were both personal care services to assist with daily living activities (63 percent) and caregiver support coordination (52 percent). The majority of caregivers (82 percent) ranged in age from 21-59 (41

percent) and 66-79 (41 percent). Caregivers were predominantly female (78%). The majority of the care recipient's caregivers were age 80 or older (52 percent).

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 were completed in May 2016. [The eleventh round of compliance visits will begin in July 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 | May 2016 |
|----------------|-----------|-----------|-----------|-----------|-----------|----------|
| Abilene | 439 | 413 | 386 | 356 | 321 | 300 |
| Austin | 353 | 326 | 288 | 266 | 191 | 186 |
| Brenham | 312 | 297 | 288 | 283 | 279 | 266 |
| Corpus Christi | 272 | 258 | 242 | 224 | 221 | 223 |
| Denton | 517 | 493 | 484 | 460 | 458 | 458 |
| El Paso | 130 | 124 | 116 | 110 | 106 | 104 |
| Lubbock | 225 | 211 | 209 | 203 | 201 | 196 |
| Lufkin | 376 | 361 | 342 | 322 | 308 | 296 |
| Mexia | 391 | 366 | 331 | 288 | 256 | 261 |
| Richmond | 377 | 350 | 339 | 335 | 330 | 327 |
| Rio Grande | 71 | 70 | 62 | 67 | 71 | 64 |
| San Angelo | 239 | 231 | 210 | 208 | 214 | 214 |
| San Antonio | 280 | 274 | 250 | 240 | 229 | 231 |
| All Facilities | 3982 | 3774 | 3547 | 3362 | 3186 | 3126 |

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 two 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 individual support plan 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 | June 2015 | July 2015 | Aug 2015 | Sep 2015 | Oct 2015 | Nov 2015 | Dec 2015 | Jan 2016 | Feb 2016 | Mar 2016 | Apr 2016 | May 2016 |
|----------------------|-----------|-----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Abilene | 17 | 15 | 19 | 21 | 20 | 18 | 16 | 16 | 16 | 17 | 15 | 15 |
| Austin | 19 | 13 | 11 | 6 | 6 | 5 | 5 | 5 | 3 | 4 | 4 | 5 |
| Brenham | 9 | 9 | 7 | 6 | 9 | 8 | 8 | 8 | 9 | 7 | 6 | 6 |
| Corpus Christi | 5 | 5 | 6 | 4 | 4 | 6 | 8 | 9 | 11 | 12 | 13 | 16 |
| Denton | 13 | 11 | 11 | 10 | 11 | 11 | 10 | 11 | 11 | 10 | 12 | 13 |
| El Paso | 6 | 5 | 5 | 5 | 4 | 4 | 4 | 6 | 5 | 10 | 13 | 13 |
| Lubbock | 4 | 4 | 5 | 6 | 6 | 6 | 4 | 4 | 9 | 10 | 12 | 12 |
| Lufkin | 13 | 11 | 12 | 8 | 8 | 14 | 16 | 19 | 20 | 18 | 20 | 21 |
| Mexia | 27 | 25 | 26 | 18 | 17 | 17 | 17 | 17 | 15 | 14 | 13 | 16 |
| Richmond | 6 | 5 | 5 | 5 | 4 | 2 | 1 | 5 | 5 | 6 | 7 | 9 |
| Rio Grande | 7 | 7 | 7 | 4 | 3 | 3 | 1 | 3 | 6 | 7 | 5 | 6 |
| San Angelo | 10 | 11 | 11 | 14 | 17 | 18 | 18 | 18 | 16 | 13 | 11 | 12 |
| San Antonio | 6 | 4 | 4 | 3 | 2 | 4 | 6 | 8 | 7 | 6 | 6 | 6 |
| Total All Facilities | 142 | 125 | 129 | 110 | 111 | 116 | 114 | 129 | 133 | 134 | 137 | 150 |

Rider 28 Counts by Region of Service Group, Age, Gender and Ethnicity for all Service Groups Date effective May 31, 2016

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 | | | | | | | 2 | |
| | | | 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 | 1 | | | 1 | | | | | 5 | |
| | | M | BLACK- NOT OF HISP. ORIGIN | | 1 | | | | | | | | | | | | | 1 |
| | | | HISPANIC | | | | | | | | | | 1 | 1 | | | 1 | 3 |
| | | | UNKNOWN | | | | 1 | | | | 1 | | | | | | | 2 |
| | | | WHITE- NOT OF HISP. ORIGIN | | 1 | | 3 | 1 | | | | | 4 | 1 | | | 1 | 11 |
| | 45 - 64 | F | WHITE- NOT OF HISP. ORIGIN | | | | | | | | | | | | | | 1 | 1 |
| | | | BLACK- NOT OF HISP. ORIGIN | | | | 1 | | | | | | | | | | | 1 |
| | | M | HISPANIC | | | | | | | | | | 1 | | | | 1 | 2 |
| | | | WHITE- NOT OF HISP. ORIGIN | | | | | | | | | | 1 | 1 | | | 2 | 4 |
| | 65 - 69 | F | UNKNOWN | | | | 1 | | | | | | | | | | 1 | |
| | | | HISPANIC | | | | 1 | | | | | | | | | | 1 | |
| M | | WHITE- NOT OF HISP. ORIGIN | | | 1 | | | | | | | | | | | 1 | | |
| Totals for CLASS: 44 | | | | | | | | | | | | | | | | | | |



Rider 28 Counts by Region of Service Group, Age, Gender and Ethnicity for all Service Groups Date effective May 31, 2016

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| Service Group | Age Group | Gender | Ethnicity | 00 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | Total |
|-------------------------------------|-----------|--------|----------------------------|----|----|----|----|----|----|----|----|----|----|----|----|-------|
| COMMUNITY CARE | 70 - 74 | M | BLACK- NOT OF HISP. ORIGIN | | | | | | | | | 1 | | | | 1 |
| | 75 - 79 | F | WHITE- NOT OF HISP. ORIGIN | | | | | | | | | 1 | | | | 1 |
| Totals for COMMUNITY CARE: 2 | | | | | | | | | | | | | | | | |

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| 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 | | | 1 | | 1 | | | | 9 | | |
| | | | ASIAN OR PACIFIC ISLANDER | | 1 | | 18 | 1 | | 8 | | 1 | | | | | 29 | |
| | | | BLACK- NOT OF HISP. ORIGIN | | | | 16 | 3 | | 18 | 3 | 5 | | | | | 45 | |
| | | | HISPANIC | 1 | 6 | 1 | 35 | 1 | 2 | 31 | 16 | 30 | 3 | 6 | 9 | 141 | | |
| | | | OTHER | | | | | | | | 1 | 1 | | | | | 2 | |
| | | | UNKNOWN | 3 | 5 | 10 | 87 | 20 | 12 | 53 | 25 | 32 | 3 | 1 | 7 | 258 | | |
| | | | WHITE- NOT OF HISP. ORIGIN | | 13 | 2 | 104 | 20 | 12 | 63 | 40 | 23 | 6 | 1 | | 284 | | |
| | | M | AMERICAN INDIAN OR ALASKAN NATI | | | | 2 | | | | 5 | 2 | | | | | 9 | |
| | | | ASIAN OR PACIFIC ISLANDER | | 1 | | 16 | 1 | | 7 | 4 | 3 | | | | 1 | 33 | |
| | | | BLACK- NOT OF HISP. ORIGIN | | | | 22 | 2 | 1 | 14 | 4 | 2 | | | 1 | | 46 | |
| | | | HISPANIC | 1 | 8 | 3 | 46 | 5 | 2 | 53 | 10 | 47 | 8 | 6 | 13 | 202 | | |
| | | | OTHER | | | | 3 | 1 | | 2 | | | | | | | 6 | |
| | | | UNKNOWN | 4 | 11 | 8 | 134 | 19 | 11 | 66 | 41 | 40 | 2 | 4 | 3 | 343 | | |
| | | | WHITE- NOT OF HISP. ORIGIN | | 13 | 11 | 120 | 22 | 10 | 69 | 37 | 37 | 3 | 2 | 1 | 325 | | |
| | U | WHITE- NOT OF HISP. ORIGIN | | | | | 1 | | | | | | | | | 1 | | |
| | 10 - 17 | F | AMERICAN INDIAN OR ALASKAN NATI | | | | 2 | | | | 4 | | | | | | 6 | |
| | | | ASIAN OR PACIFIC ISLANDER | | | | 8 | | | 5 | 1 | 1 | | | | | 15 | |
| | | | BLACK- NOT OF HISP. ORIGIN | | | | 17 | 2 | 2 | 11 | 3 | 2 | | | | | 37 | |
| | | | HISPANIC | | 7 | | 22 | 3 | 3 | 22 | 4 | 18 | 7 | 4 | 3 | 93 | | |
| | | | OTHER | | | | 2 | | | | | | | | | | 2 | |
| | | | UNKNOWN | 1 | 9 | 2 | 57 | 9 | 7 | 19 | 8 | 15 | 4 | 2 | 3 | 136 | | |
| | | | WHITE- NOT OF HISP. ORIGIN | | 13 | | 89 | 16 | 7 | 43 | 26 | 9 | 7 | | 1 | 211 | | |
| | | M | AMERICAN INDIAN OR ALASKAN NATI | | | | 2 | | | | 2 | | | | | | 4 | |
| | | | ASIAN OR PACIFIC ISLANDER | | | | 11 | | | 7 | 2 | | | | | | 20 | |
| | | | BLACK- NOT OF HISP. ORIGIN | | 1 | 3 | 18 | 2 | | 14 | 5 | 3 | 1 | | | | 47 | |
| | | | HISPANIC | | 7 | 1 | 32 | 4 | 3 | 23 | 9 | 22 | 6 | 8 | 9 | 124 | | |
| | | | UNKNOWN | | 9 | 3 | 57 | 13 | 4 | 25 | 9 | 17 | 5 | 4 | 1 | 147 | | |
| | | | WHITE- NOT OF HISP. ORIGIN | | 21 | 9 | 98 | 19 | 14 | 43 | 20 | 22 | 4 | 1 | 5 | 256 | | |
| | | U | WHITE- NOT OF HISP. ORIGIN | | | | | | | | 1 | | | | | | 1 | |
| | | 18 - 20 | F | AMERICAN INDIAN OR ALASKAN NATI | | | | 2 | | | | | | | | | | 2 |
| | | | | BLACK- NOT OF HISP. ORIGIN | | | | 5 | | 1 | 1 | 1 | | | | | | 8 |
| | | | | HISPANIC | | 2 | 2 | 5 | | | 5 | 1 | 1 | | 1 | 1 | 18 | |

Rider 28 Counts by Region of Service Group, Age, Gender and Ethnicity for all Service Groups Date effective May 31, 2016

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| Service Group | Age Group | Gender | Ethnicity | 00 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | Total | | |
|--|-----------|--------|----------------------------|----|----|----|----|----|----|----|----|----|----|----|----|-------|----|---|
| MEDICALLY DEPENDE | 18 - 20 | F | UNKNOWN | 1 | 3 | | 12 | 1 | | 4 | 5 | | 1 | | | 27 | | |
| | | | WHITE- NOT OF HISP. ORIGIN | | 3 | | 6 | | | 3 | 2 | 1 | | | | 15 | | |
| | | M | BLACK- NOT OF HISP. ORIGIN | | | | 3 | 2 | | 3 | | | | | | | | 8 |
| | | | HISPANIC | | 1 | | 2 | | | 2 | 1 | 6 | 1 | 1 | 1 | | 15 | |
| | | | UNKNOWN | | 2 | 1 | 15 | 5 | 3 | 7 | 3 | 6 | 2 | | | | 44 | |
| | | | WHITE- NOT OF HISP. ORIGIN | | 3 | 1 | 17 | | 1 | 4 | 3 | 1 | | | | | 30 | |
| LY DEPENDENT CHILDREN PROGRAM (MDCP): 2,999 | | | | | | | | | | | | | | | | | | |



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| Service Group | Age Group | Gender | Ethnicity | 00 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | Total |
|---------------------------------------|-----------|--------|----------------------------|----|----|----|----|----|----|----|----|----|----|----|----|-------|
| NURSING FACILITY | 75 - 79 | F | BLACK- NOT OF HISP. ORIGIN | | | | | | | 1 | | | | | | 1 |
| Totals for NURSING FACILITY: 1 | | | | | | | | | | | | | | | | |

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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 | UNKNOWN | 1 | | | | | | | | | | | | 1 | |
| | 65 - 69 | M | HISPANIC | 1 | | | | | | | | | | 1 | | 2 | |
| | 70 - 74 | F | HISPANIC | | | | | | | | | | | 1 | | 1 | |
| | 75 - 79 | F | UNKNOWN | | | | | | | | | | | | 1 | | 1 |
| | | M | HISPANIC | | | | | | | | | | | | 1 | | 1 |
| | 80 - 84 | F | HISPANIC | | | | | | | | | | | 1 | | 1 | |
| | 85 - 89 | F | HISPANIC | | | | | | | | | | | 1 | | 1 | |
| | 95 - 99 | F | HISPANIC | | | | | | | | | | | 1 | | 1 | |
| Totals for PACE: 9 | | | | | | | | | | | | | | | | | |

Rider 28 Counts by Region of Service Group, Age, Gender and Ethnicity for all Service Groups Date effective May 31, 2016

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 | | |
| | | | WHITE- NOT OF HISP. ORIGIN | | 1 | | 1 | | | | 1 | | | | | 1 | 4 | |
| | 21 | M | UNKNOWN | | | | | | | | | 1 | | | | 1 | | |
| | 22 - 44 | F | ASIAN OR PACIFIC ISLANDER | | | | 1 | | | | 1 | | 2 | | | | 4 | |
| | | | BLACK- NOT OF HISP. ORIGIN | | 1 | 1 | 10 | 4 | | 7 | | 2 | 1 | | | | 26 | |
| | | | HISPANIC | | | 1 | 2 | | | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 12 | 21 |
| | | | UNKNOWN | | | 2 | 4 | | | 3 | 1 | 2 | 3 | | | | 1 | 16 |
| | | | WHITE- NOT OF HISP. ORIGIN | | 5 | 3 | 11 | 14 | | 3 | 3 | 7 | 2 | | | | 4 | 52 |
| | | M | ASIAN OR PACIFIC ISLANDER | | | | | | | | | | 1 | | | | | 1 |
| | | | BLACK- NOT OF HISP. ORIGIN | 1 | | | 14 | 3 | 4 | 3 | 4 | 3 | 4 | 3 | | 1 | | 33 |
| | | | HISPANIC | | 1 | 1 | 5 | 1 | | 5 | 6 | 12 | | | | 1 | 20 | 52 |
| | | | UNKNOWN | | 1 | | 12 | 3 | 1 | 4 | 1 | 1 | | | | | | 23 |
| | | | WHITE- NOT OF HISP. ORIGIN | | | 6 | 29 | 12 | 6 | 9 | 9 | 9 | 3 | 3 | 1 | 4 | | 82 |
| | 45 - 64 | F | ASIAN OR PACIFIC ISLANDER | | | | | 1 | | 4 | | | 1 | | | | 6 | |
| | | | BLACK- NOT OF HISP. ORIGIN | 3 | 3 | 1 | 66 | 32 | 7 | 27 | 15 | 4 | 2 | | | | 160 | |
| | | | HISPANIC | 1 | 2 | 2 | 17 | | | 6 | 5 | 21 | 3 | 4 | 48 | | 109 | |
| | | | UNKNOWN | 1 | 3 | 2 | 26 | 17 | 12 | 13 | 20 | 6 | 4 | | 5 | | 109 | |
| | | | WHITE- NOT OF HISP. ORIGIN | 6 | 13 | 24 | 132 | 72 | 33 | 34 | 48 | 20 | 10 | 1 | 17 | | 410 | |
| | | M | AMERICAN INDIAN OR ALASKAN NATI | | | 1 | 2 | | | | | | | | | | | 3 |
| | | | ASIAN OR PACIFIC ISLANDER | | | | 3 | 1 | 1 | 1 | 1 | 1 | 1 | | | | | 8 |
| | | | BLACK- NOT OF HISP. ORIGIN | 3 | 1 | 3 | 71 | 21 | 18 | 31 | 14 | 8 | 1 | | 1 | | 172 | |
| | | | HISPANIC | 1 | 7 | 3 | 15 | 3 | | 16 | 16 | 46 | 1 | 10 | 57 | | 175 | |
| | | | UNKNOWN | 3 | 1 | 2 | 41 | 13 | 12 | 12 | 11 | 6 | 1 | 1 | 7 | | 110 | |
| | | | WHITE- NOT OF HISP. ORIGIN | 4 | 7 | 12 | 132 | 59 | 31 | 47 | 54 | 22 | 5 | 3 | 17 | | 393 | |
| | | U | WHITE- NOT OF HISP. ORIGIN | | | | 1 | 1 | | | | | | | | | 2 | |
| | | 65 - 69 | F | ASIAN OR PACIFIC ISLANDER | | | | | | | | 1 | | | | | 1 | 2 |
| | | | | BLACK- NOT OF HISP. ORIGIN | | | | 29 | 9 | 5 | 7 | 5 | 1 | | 1 | 1 | 58 | |
| | | | | HISPANIC | 1 | | 1 | 8 | | | 3 | 5 | 14 | 3 | 1 | 17 | 53 | |
| | UNKNOWN | | | 1 | | 1 | 10 | 8 | 6 | 2 | 4 | 3 | 1 | | 3 | 39 | | |
| | WHITE- NOT OF HISP. ORIGIN | | | 1 | 2 | 4 | 54 | 41 | 9 | 14 | 13 | 17 | 1 | | 11 | 167 | | |
| | M | | AMERICAN INDIAN OR ALASKAN NATI | | | | | | | | 1 | 1 | | 1 | | | | 3 |
| | | | ASIAN OR PACIFIC ISLANDER | | | | | | | | | 2 | | | | | | 2 |

Rider 28 Counts by Region of Service Group, Age, Gender and Ethnicity for all Service Groups Date effective May 31, 2016

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 | BLACK- NOT OF HISP. ORIGIN | | 1 | 2 | 23 | 4 | 6 | 10 | 4 | | 2 | 1 | | 53 | | |
| | | | HISPANIC | | 1 | 1 | 3 | 2 | | 2 | 2 | 9 | 1 | 3 | 21 | 45 | | |
| | | | UNKNOWN | 1 | | 1 | 5 | 2 | 3 | 2 | 4 | 5 | | | 1 | 2 | 26 | |
| | | | WHITE- NOT OF HISP. ORIGIN | | 6 | 9 | 43 | 13 | 4 | 9 | 16 | 12 | 1 | | | 7 | 120 | |
| | 70 - 74 | F | AMERICAN INDIAN OR ALASKAN NATI | | | | | 1 | | | | | | | | | 1 | |
| | | | ASIAN OR PACIFIC ISLANDER | | | | 2 | | | | | | | | | 1 | 3 | |
| | | | BLACK- NOT OF HISP. ORIGIN | | 1 | | 16 | 4 | 3 | 7 | 7 | 1 | | | | | | 39 |
| | | | HISPANIC | | | 1 | 4 | 1 | | | 4 | 13 | | | 2 | 14 | 39 | |
| | | | UNKNOWN | | | 1 | 6 | 8 | 1 | 2 | 5 | 1 | | | | 2 | 26 | |
| | | | WHITE- NOT OF HISP. ORIGIN | 1 | 3 | 10 | 58 | 28 | 10 | 10 | 26 | 11 | 5 | | | 8 | 170 | |
| | | M | AMERICAN INDIAN OR ALASKAN NATI | | | | | | | | 1 | | | | | | | 1 |
| | | | ASIAN OR PACIFIC ISLANDER | | | | | | | | | 2 | | | | | | 2 |
| | | | BLACK- NOT OF HISP. ORIGIN | | 1 | | 10 | 5 | 4 | 7 | 4 | 1 | | | | | | 32 |
| | | | HISPANIC | | | | 4 | | | | 2 | 2 | 6 | | | 1 | 20 | 35 |
| | | | UNKNOWN | | 1 | | 2 | 1 | | 1 | 2 | 2 | 2 | | | 2 | 11 | |
| | | | WHITE- NOT OF HISP. ORIGIN | | 2 | 4 | 22 | 13 | 4 | 5 | 13 | 6 | | | | 2 | 8 | 79 |
| | | U | BLACK- NOT OF HISP. ORIGIN | | | | | | | | 1 | | | | | | 1 | |
| | 75 - 79 | F | ASIAN OR PACIFIC ISLANDER | | | | 4 | | | | | | 1 | | 1 | | 6 | |
| | | | BLACK- NOT OF HISP. ORIGIN | | | | 14 | 4 | 4 | 8 | 5 | 4 | | | | | 39 | |
| | | | HISPANIC | | | | 5 | | | 3 | 2 | 10 | 1 | 2 | 18 | 41 | | |
| | | | UNKNOWN | | | 1 | 7 | 6 | 1 | 6 | 1 | 1 | | | 2 | 25 | | |
| | | | WHITE- NOT OF HISP. ORIGIN | 2 | 2 | 5 | 46 | 26 | 15 | 9 | 12 | 12 | 1 | 2 | 7 | 139 | | |
| | | M | AMERICAN INDIAN OR ALASKAN NATI | | | | 1 | | | | | | | | | | | 1 |
| | | | ASIAN OR PACIFIC ISLANDER | | | | 3 | | | | | | | | | | | 3 |
| | | | BLACK- NOT OF HISP. ORIGIN | | | | 9 | 7 | 1 | 2 | 2 | | | | | | | 21 |
| | | | HISPANIC | | 1 | 2 | 5 | 2 | 1 | 4 | 2 | 8 | | | 2 | 18 | 45 | |
| | | | UNKNOWN | | | 1 | 4 | 1 | | 1 | 1 | 1 | 1 | 1 | | 4 | 14 | |
| | | | WHITE- NOT OF HISP. ORIGIN | | 1 | 3 | 26 | 20 | 7 | 4 | 11 | 5 | 1 | 1 | 1 | 1 | 80 | |
| | | U | WHITE- NOT OF HISP. ORIGIN | | | | 1 | | | | | | | | | | 1 | |
| | | 80 - 84 | F | ASIAN OR PACIFIC ISLANDER | | | | | 1 | | | | 1 | | | | | 2 |
| | BLACK- NOT OF HISP. ORIGIN | | | | | 1 | 11 | 8 | 6 | 3 | 3 | 3 | | | | | 35 | |
| | HISPANIC | | | | 4 | 2 | 3 | 1 | 1 | 1 | | 7 | | | 6 | 29 | 54 | |

Rider 28 Counts by Region of Service Group, Age, Gender and Ethnicity for all Service Groups Date effective May 31, 2016

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 | OTHER | | | | 1 | | | | | | | | | 1 | | |
| | | | UNKNOWN | | | | 5 | | 4 | 1 | 4 | 3 | | | 2 | 19 | | |
| | | | WHITE- NOT OF HISP. ORIGIN | | 4 | 7 | 49 | 26 | 7 | 8 | 24 | 8 | 3 | 3 | 6 | 145 | | |
| | | M | ASIAN OR PACIFIC ISLANDER | | | | 1 | | | | | 1 | | | | | 2 | |
| | | | BLACK- NOT OF HISP. ORIGIN | | 1 | | 7 | 1 | 5 | 1 | 1 | 1 | | | | | 17 | |
| | | | HISPANIC | 1 | 2 | 1 | 2 | | | | 1 | 2 | 5 | | 3 | 18 | 35 | |
| | | | UNKNOWN | | 1 | | 2 | | | 2 | 1 | 1 | | | | 1 | 8 | |
| | WHITE- NOT OF HISP. ORIGIN | | | 2 | 2 | 11 | 9 | 3 | 1 | 7 | 3 | | | | 5 | 43 | | |
| | 85 - 89 | | F | ASIAN OR PACIFIC ISLANDER | 1 | | | | | | | | 2 | 1 | | | | 4 |
| | | BLACK- NOT OF HISP. ORIGIN | | | 1 | | 7 | 2 | 3 | 3 | 2 | 3 | | | | | 21 | |
| | | HISPANIC | | | | 2 | 2 | | | 2 | 1 | 11 | 1 | 5 | 20 | 44 | | |
| | | UNKNOWN | | | 1 | | 4 | 1 | | | 7 | 2 | 1 | | 1 | 17 | | |
| | | WHITE- NOT OF HISP. ORIGIN | | | 2 | 6 | 34 | 23 | 7 | 6 | 10 | 4 | 3 | 1 | 6 | 102 | | |
| | | M | ASIAN OR PACIFIC ISLANDER | | 1 | | 2 | | | | | | | | | | 3 | |
| | | | BLACK- NOT OF HISP. ORIGIN | | | | 3 | | | | 1 | 1 | 1 | | | | 6 | |
| | | | HISPANIC | | | 2 | 2 | | | | 1 | 2 | 2 | | 2 | 10 | 21 | |
| | | | UNKNOWN | | | 1 | | | | 1 | | | | | | 1 | 3 | |
| | | | WHITE- NOT OF HISP. ORIGIN | | 2 | | 3 | 5 | 3 | 2 | 2 | 2 | 2 | 1 | | 3 | 23 | |
| | 90 - 94 | F | ASIAN OR PACIFIC ISLANDER | | | | 1 | | | | 1 | 1 | | | | 1 | 4 | |
| | | | BLACK- NOT OF HISP. ORIGIN | | 1 | | 2 | 5 | | 2 | 3 | 1 | | | | 2 | 16 | |
| | | | HISPANIC | | 1 | 1 | 2 | | | | 1 | 2 | 5 | | 4 | 25 | 41 | |
| | | | UNKNOWN | | | | 1 | 1 | | | | 1 | 1 | | | 1 | 5 | |
| | | | WHITE- NOT OF HISP. ORIGIN | | 1 | 5 | 20 | 16 | 9 | 5 | 8 | 5 | 3 | 2 | 7 | 81 | | |
| | | M | BLACK- NOT OF HISP. ORIGIN | | | | 1 | | | 1 | 1 | 1 | 2 | | | | 6 | |
| | | | HISPANIC | | | 1 | | | | | | 1 | 1 | | | 2 | 12 | 17 |
| | | | UNKNOWN | | | | | | | | | | 2 | | | | 2 | |
| | | | WHITE- NOT OF HISP. ORIGIN | | | 1 | 3 | 1 | | | | 2 | | | 1 | | 8 | |
| | | | 95 - 99 | F | BLACK- NOT OF HISP. ORIGIN | | 1 | | 2 | 2 | 2 | 1 | | | | | | |
| | HISPANIC | | | | | | | | | | | | | | | 6 | 6 | |
| | UNKNOWN | | | | | | | 1 | | | | | | | | 1 | 2 | |
| | WHITE- NOT OF HISP. ORIGIN | 1 | | | 2 | 3 | 5 | 7 | 1 | 2 | 2 | 3 | 1 | | 2 | 29 | | |
| | M | ASIAN OR PACIFIC ISLANDER | | | | | | | | | | 1 | | | | | | 1 |

Rider 28 Counts by Region of Service Group, Age, Gender and Ethnicity for all Service Groups Date effective May 31, 2016

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 | BLACK- NOT OF HISP. ORIGIN | | | | | | | | 1 | | | | | 1 | |
| | | | HISPANIC | | | | | | | | | | | | | 2 | 2 |
| | | | WHITE- NOT OF HISP. ORIGIN | | | 1 | | 2 | | | | | | | | | 3 |
| Totals for STAR+PLUS: 4,232 | | | | | | | | | | | | | | | | | |
| Grand Total | | | | | | | | | | | | | | | | 7,287 | |

**State Supported Living Centers
Promoting Independence- Group 3
As of 5/31/2016**

Total Current Referrals: 150

FY2016

| | Monthly Referrals | Removed from Referrals For Transitions List | | | | | | |
|-----------------------|-------------------|---|------------|----------|-------------------|------------|--------------|---------------|
| | | Transitions | Discharged | Died | Individual Choice | LAR Choice | IDT Decision | Total Removed |
| Sep '15 | 21 | 9 | 0 | 0 | 0 | 1 | 4 | 14 |
| Oct '15 | 19 | 9 | 0 | 0 | 0 | 1 | 3 | 13 |
| Nov '15 | 21 | 6 | 0 | 0 | 2 | 1 | 3 | 12 |
| Dec '15 | 13 | 5 | 0 | 0 | 2 | 0 | 1 | 8 |
| Jan '16 | 22 | 4 | 0 | 0 | 1 | 0 | 1 | 6 |
| Feb '16 | 19 | 2 | 0 | 0 | 0 | 0 | 3 | 5 |
| Mar '16 | 26 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Apr '16 | 16 | 0 | 0 | 0 | 0 | 1 | 0 | 1 |
| May '16 | 27 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| FY2016 Totals: | 184 | 35 | 0 | 0 | 5 | 4 | 15 | 59 |

Remaining to move for FY2016: 125

**State Supported Living Centers
Promoting Independence- Group 3
As of 5/31/2016**

Total Current Referrals: 150

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 | 12 | 0 | 0 | 0 | 0 | 4 | 16 |
| Dec '14 | 14 | 7 | 0 | 0 | 1 | 3 | 3 | 14 |
| Jan '15 | 24 | 10 | 0 | 0 | 2 | 6 | 4 | 22 |
| Feb '15 | 29 | 15 | 0 | 0 | 0 | 7 | 5 | 27 |
| Mar '15 | 32 | 23 | 0 | 0 | 0 | 4 | 4 | 31 |
| Apr '15 | 21 | 12 | 0 | 1 | 0 | 2 | 4 | 19 |
| May '15 | 21 | 9 | 0 | 0 | 0 | 0 | 7 | 16 |
| Jun '15 | 10 | 5 | 0 | 0 | 1 | 1 | 2 | 9 |
| Jul '15 | 15 | 5 | 0 | 0 | 0 | 3 | 5 | 13 |
| Aug '15 | 19 | 5 | 0 | 0 | 0 | 2 | 7 | 14 |
| FY2015 Totals: | 254 | 133 | 0 | 1 | 7 | 38 | 55 | 234 |

Remaining to move for FY2015: 20

**State Supported Living Centers
Promoting Independence- Group 3
As of 5/31/2016**

Total Current Referrals: 150

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 | 15 | 0 | 0 | 0 | 2 | 4 | 21 |
| Jun '14 | 34 | 22 | 0 | 0 | 2 | 4 | 6 | 34 |
| Jul '14 | 36 | 26 | 0 | 0 | 0 | 7 | 2 | 35 |
| Aug '14 | 20 | 14 | 0 | 0 | 0 | 4 | 2 | 20 |
| FY2014 Totals: | 397 | 262 | 0 | 0 | 8 | 43 | 80 | 393 |

Remaining to move for FY2014: 4

**State Supported Living Centers
Promoting Independence- Group 3
As of 5/31/2016**

Total Current Referrals: 150

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 |
| FY2013 Totals: | 377 | 240 | 0 | 4 | 16 | 33 | 83 | 376 |

Remaining to move for FY2013: 1

**State Supported Living Centers
Promoting Independence- Group 3
As of 5/31/2016**

Total Current Referrals: 150

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 |
| FY2012 Totals: | 319 | 234 | 0 | 2 | 9 | 32 | 41 | 319 |

Remaining to move for FY2012: 0

**State Supported Living Centers
Promoting Independence- Group 3
As of 5/31/2016**

Total Current Referrals: 150

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 |
| FY2011 Totals: | 292 | 222 | 0 | 3 | 15 | 20 | 32 | 292 |

Remaining to move for FY2011: 0

**State Supported Living Centers
Promoting Independence- Group 3
As of 5/31/2016**

Total Current Referrals: 150

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 |
| FY2010 Totals: | 319 | 226 | 0 | 1 | 13 | 27 | 52 | 319 |

Remaining to move for FY2010: 0

**State Supported Living Centers
Promoting Independence- Group 3
As of 5/31/2016**

Total Current Referrals: 150

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 |
| FY2009 Totals: | 469 | 392 | 0 | 0 | 10 | 23 | 44 | 469 |

Remaining to move for FY2009: 0

**State Supported Living Centers
Promoting Independence- Group 3
As of 5/31/2016**

Total Current Referrals: 150

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 |
| FY2008 Totals: | 300 | 260 | 0 | 1 | 4 | 17 | 18 | 300 |

Remaining to move for FY2008: 0

**State Supported Living Centers
Promoting Independence- Group 3
As of 5/31/2016**

Total Current Referrals: 150

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 |
| FY2007 Totals: | 175 | 151 | 0 | 1 | 0 | 8 | 15 | 175 |

Remaining to move for FY2007: 0

**State Supported Living Centers
Promoting Independence- Group 3
As of 5/31/2016**

Total Current Referrals: 150

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 |
| FY2006 Totals: | 127 | 109 | 0 | 0 | 0 | 5 | 13 | 127 |

Remaining to move for FY2006: 0



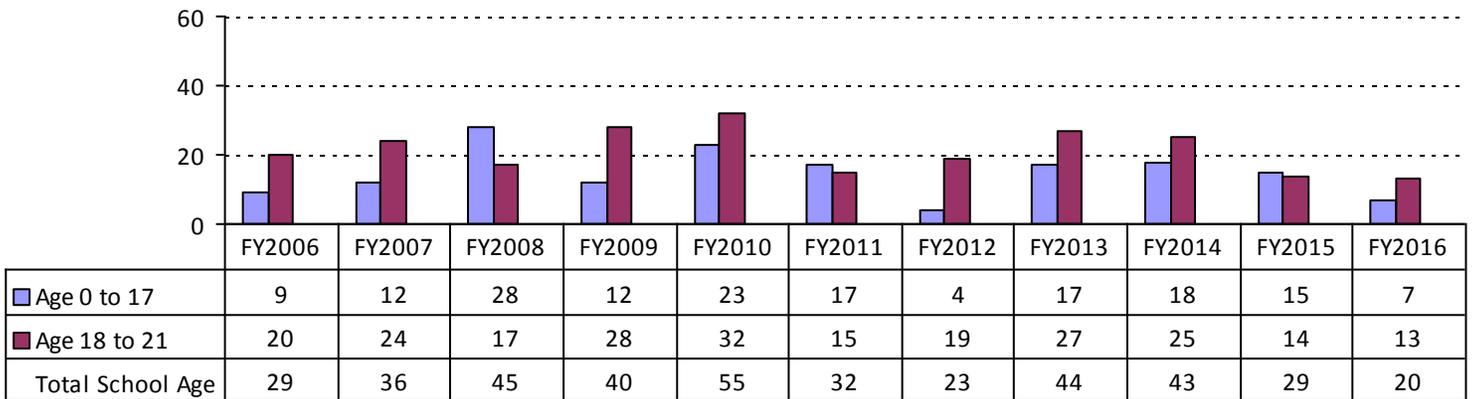
**State Supported Living Centers
Community Transition Returns Within 12 Months
As Of 5/31/2016**

| 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 | 91 | 7 | 0 | 7 |
| Totals | 2286 | 87 | 33 | 120 |

**State Supported Living Centers
School Age Community Transitions By Fiscal Year
FY2006 through FY2016 (As of 5/31/2016)**

| 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 | 91 | 7 | 13 | 20 | 21.98% |
| Totals | 2286 | 162 | 234 | 396 | 17.32% |

School Age Placements By Fiscal Year



**State Supported Living Centers
School Age Admissions (Under Age 22)
FY2006 through FY2016 (As of 5/31/2016)**

| Fiscal Year | Total School Age Admissions | Total Non-Offender Admissions | Total Non-Offender Age 0-17 | Total Non-Offender Age 18-21 | Total Alleged Offender Admissions | Total Alleged Offender Age 0-17 | Total Alleged Offender Age 18-21 | Percent Alleged Offender Admissions |
|----------------------|------------------------------------|--------------------------------------|------------------------------------|-------------------------------------|--|--|---|--|
| 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 | 54 | 35 | 14 | 21 | 19 | 17 | 2 | 35.19% |
| 11 Year Total | 1023 | 581 | 305 | 276 | 442 | 384 | 58 | 43.21% |

Community Transitions By Fiscal Year FY2003 through FY2016 (As of 5/31/2016)

| | 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 | 14 |
| 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 | 10 |
| 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 | 5 |
| EPSSLC | 4 | 1 | 1 | 3 | 4 | 4 | 3 | 4 | 3 | 7 | 10 | 8 | 7 | 4 |
| 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 | 11 |
| MSSLC | 14 | 14 | 22 | 23 | 19 | 32 | 67 | 100 | 51 | 41 | 52 | 68 | 57 | 12 |
| RSSLC | 16 | 7 | 7 | 7 | 10 | 38 | 29 | 52 | 24 | 30 | 22 | 18 | 14 | 3 |
| RGSC | 6 | 5 | 4 | 1 | 0 | 2 | 4 | 2 | 2 | 7 | 13 | 5 | 7 | 8 |
| SaGSSLC | 8 | 13 | 6 | 12 | 19 | 30 | 24 | 27 | 19 | 25 | 28 | 22 | 18 | 12 |
| SASSLC | 6 | 5 | 9 | 5 | 5 | 10 | 6 | 8 | 6 | 4 | 21 | 13 | 12 | 6 |
| Totals | 111 | 75 | 76 | 97 | 118 | 206 | 252 | 330 | 204 | 207 | 287 | 261 | 233 | 91 |

| | 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 | 10.11 |

**Promoting Independence Advisory Committee
Department Activity Report**

**3rd Quarter 2016
March, April, May**

| DEPARTMENT NAME: | DATE: |
|--|---------------|
| Department of Assistive and Rehabilitative Services (DARS) | July 21, 2016 |
| LEGISLATION/RIDER UPDATE | |
| <p>Legislative Implementation Activities</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 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> <p><u>Outsourcing of Independent Living Services</u> 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.</p> <p>As part of the IL Outsourcing Project, DARS has:</p> <ul style="list-style-type: none"> • drafted policies, standards, program rules, and contracting rules for the combined program; • developed technical assistance and training for CILs to ensure a successful transition of service delivery by August 31, 2016; and • executed final contracts to CILs to begin service delivery. <p>Beginning July 1, 2016, DARS will begin working with CILs to build infrastructure and capacity to begin service delivery on September 1, 2016. HHSC approved an organizational structure, including a program manager to support the IL staff at HHSC responsible for training, technical assistance, and contract monitoring.</p> | |

These staff will begin working with CILs individually to assist with logistics related to the outsourcing of services. In addition, DARS has developed three training modules for CILs and staff to take and is in the process of implementing a transition plan for current cases to the CILs.

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, the Health and Human Services Commission (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 Comprehensive Rehabilitation Services Program

The Comprehensive Rehabilitation Services (CRS) program continues to work with HHSC in preparation for transition on September 1, 2016. The draft CRS Standards for Providers Manual has been posted for public comment. Solicitation for CRS Post-Acute Rehabilitation Services open enrollment was posted on May 31, 2016, and the posting ended on June 30, 2016. The CRS Rates for Post-Acute Brain Injury (PABI) residential were published on June 17, 2016, to the Texas Register and were open for comment until July 18, 2016.

As of May 31, 2016, the CRS program has:

- served 805 consumers;
- a waiting list of 76 individuals; and
- closed 265 cases successfully.

DARS Division for Rehabilitation Services Independent Living Services Program

As of May 31, 2016, the DARS Division for Rehabilitation Services (DRS) Independent Living (IL) Services program has:

- served 2,384 Texans with significant disabilities;
- closed 794 cases successfully;
- a waiting list of 243 consumers; and
- an interest list of 1,317 individuals.

DARS Division for Blind Services IL Program

As of May 31, 2016, the Division for Blind Services (DBS) IL program has served 2,918 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 May 31, 2016, 176 consumers were served, obligating an estimated \$172,755.73.

TOPICS OF INTEREST (ONGOING ISSUES/PROJECTS)

Other Texas Department of Assistive and Rehabilitative Services (DARS) Initiatives

DARS Division for Rehabilitation 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 May 31, 2016, the VR program has:

- served 26,980 eligible transition-age consumers; and
- closed 2,565 transition-age consumers' cases successfully.

DARS DRS has approximately:

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

DARS DRS has revised the transition policy to reflect changes required by the Workforce Innovation and Opportunity Act (WIOA) and update current practices. These updates include working with students earlier and providing services to students while in high school with the goal of increasing their preparation for work and independence beyond high school.

Additional transition training has been provided to about half of the counselors currently serving schools and will continue to be provided until all staff with school assignments have received the training. A DRS transition team has also been established to develop local subject matter experts and help keep field staff up to date on transition information, policies, and practices.

DARS Division for Blind Services Transition Services

As of May 31, 2016, the DARS Division for Blind Services (DBS) Transition Services has 27 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 May 31, 2016, DBS Transition Services has:

- transferred 99 consumers successfully to the adult VR program;
- staffed 26 of the 27 transition counselor positions; and
- served 2,207 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:

- Andrews Center (Tyler)
- 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 (Edinberg)
- 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 hosted the 6th annual Texas Autism Research Conference, "New Insights: Research to Practice" on June 14-15, 2016. Attendance was a record high of almost 400.

The final meeting of the Texas Council on Autism and Pervasive Developmental Disorders (TCAPPD) was held on June 13, 2016. The Health and Human Services Commission has received applications for the new Texas Autism Council that will replace the TCAPPD. New members will be announced in August 2016.

DARS Early Childhood Intervention Program

The DARS Early Childhood Intervention (ECI) program recently launched two new innovative training and technical assistance products:

- Keys to Successful Supervision - an interactive training module on the benefits of reflective supervision to support the development of personnel who work with families. This module is designed for supervisors and incorporates video demonstrations that illustrate how effective feedback and coaching of staff leads to better partnerships and service delivery with families. This training may also benefit and can be used by programs outside of ECI that oversee contractors or staff who are providing supervision of direct service staff. These training and technical assistance products are located on the DARS ECI webpage under [Training and Technical Assistance](#).
- 3, 6, 9, 12 On-Going Support – a follow-up process for continual support after completion of Keys to Successful Supervision. This follow-up includes a self-directed expansion on initial learning objectives through additional strategies, resources, activities, guidance, and tools to support real-life application of the skills introduced in the module.

RELEVANT MEETING NOTICES

Department of Assistive and Rehabilitative Services (DARS) Council

July 22, 2016
8:30 a.m.
Crowne Plaza Hotel
6121 North Interstate Highway 35
Austin, TX 78752

Early Childhood Intervention (ECI) Advisory Committee

August 10, 2016
10:00 a.m.
Brown Heatly Building, Room 1420-1430
4900 North Lamar Blvd.
Austin, TX 78751

Board for Evaluation of Interpreters (BEI)

October 14, 2016
1:30 p.m.
Health and Human Services Commission
4900 North Lamar Blvd. Room TBA
Austin, TX 78751

Report Completed By: Shiloh Gonzalez

Telephone/Contact Number: (512) 377-0646

Promoting Independence Advisory Committee Department Activity Report

Department of Family and Protective Services (DFPS) July 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. In the future, DFPS plans to update an existing interface between the IMPACT case management system and the internal-to-DFPS EMR database to accommodate CDS providers; however, the bill is fully implemented.

Legislation from the 84th Legislative Session

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

Senate Bill 507 allows a parent, school board member or staff member at a public school to request that any self-contained special education classroom have a video camera installed to videotape the activities in the classroom, purportedly to protect the safety of the children in the classroom. The Texas Education Agency (TEA) proposed a new rule §103.1301 - **Video Surveillance of Certain Special Education Settings** in the Texas Register, with public comment open from April 8 to May 9, 2016. The Texas Education Agency is in the rule adoption process which reviews and responds to public comments. The rule will not be effective (adopted) until the rule adoption process is completed. As soon as that process is completed, the rule will be published again in the Texas Register. Corresponding changes to CPS Investigations policy will be 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.

Senate Bill 1880/Senate Bill 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.

For the first two quarters of FY16, 76 children have come into care that meet these criteria. In addition, to date the dispositions in 73 cases have been overturned and removed from the registry.

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 June 2016, twelve 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 June 2016, 96 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 33 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 33 children placed in Residential Treatment Center beds and 22 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>.

From February 2016 to date, more than 17, 252 courses have been taken online for a total of 34,504 training hours. The pre-test average score for training participants was 65 percent while the post-test average scores was 91 percent.

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. Fifteen of the 24 scheduled instructor-led trainings have been held with 814 participants in attendance. Ninety-six percent of participants reported an intent to take action or make changes based on the information from this training.

- SafePlace Texas has published **Promoting Justice: An Essential Resource Guide for Responding to Abuse Against Children with Disabilities**. You can access the manual online at www.safeplace.org/promotingjustice.
- DFPS and the Texas Department of Housing and Community Affairs (TDHCA) are collaborating on conducting a needs assessment and count on homeless and unstably-housed youth per requirements of HB 679.
- 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 July 22, 2016 from 9:00am till 1:00pm. The meeting will take place in the Winters Public Hearing Room, 701 West 51st Street, Austin Texas 78751.
- The next Texas Governor's Committee on People with Disabilities will take place over two days July 20 and 21, 2016 at the Texas Capitol Extension, 1100 Congress Ave., Suite E1.016, Austin Texas 78701. The meeting on Wednesday July 20 will run from 1:00pm to 5:00pm and on Thursday July 21 from 8:30am to 11:30am.

In addition, the Texas Governor's Committee on People with Disabilities will be hosting a Public Hearing on Accessible Parking on July 21, 2016 (Thursday) from 1-5:00 p.m. at the Texas Capitol Extension, 1100 Congress Ave., Suite E1.016, Austin Texas 78701.

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

**Promoting Independence Advisory Committee
Department Activity Report**

| | |
|--|--------------|
| Department Name: | Date: |
| Department of State Health Services (DSHS) | July 5, 2016 |

| |
|--|
| Legislation/Rider Update: |
| HHSC Special Provisions for all Agencies, Sec. 52. of the 81 st Legislative Session (Waiting List for Children’s Community Mental Health Services) Rider 65 of the 81 st Legislative Session (Transitional and On-Going Community Mental Health Services) |

2013-2014 Promoting Independence Plan Directives:

1. *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

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.

- Number of adults waiting for community-based mental health services = 969 as of May 31, 2016.
- Number of children waiting for community-based mental health services = 122 as of May 31, 2016.

DSHS (via HHSC) received exceptional item funding (Sec. 52) for Children with Special Health Care Needs (CSHCN) to reduce waiting lists.

Number of CSHCN waiting for community-based services:

As of May 31, 2016 there were 47 children on the CSHCN Services Program waiting list for health care benefits. During the third quarter of FY 2016, 176 clients were removed from the waiting list as of May 31, 2016 to receive comprehensive health care benefits.

2. *Requires legislative direction and/or appropriations.*

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.

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).

- Number of persons receiving ACT = 2,284 in May 2016 (including NorthSTAR).

3. *Requires legislative direction and/or appropriations*

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) = 2,039 in May 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?
- Hospitalized Patients Discharged After One Year (New Report added Q1 2016)

Follow-Up From Previous PIAC Request:

Youth Empowerment Services (YES) Waiver

As of May 2016 YES Waiver enrolled 1,361 active participants. Comprehensive waiver providers are contracted through an open enrollment process. DSHS continues to grow its YES Waiver provider base and has executed a contract with Covenant Kids to serve as a comprehensive waiver provider in North Texas. 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 July 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 partnered with the Texas Institute for Excellence in Mental Health (TIEMH) on May 9, 2016 to host a statewide organizational leadership meeting to provide an update to LMHAs/LBHAs on the standards used to measure fidelity to wraparound and share strategies to improve client outcomes.

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

DSHS received exceptional item funding during the 83rd 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.

The 84th Legislature, Regular Session, 2015 directed DSHS to expand home and community based services to divert

jail and emergency room populations to community based treatment. HHSC formally submitted the amendment to the HCBS-AMH SPA to CMS on May 20, 2016. DSHS will operate the expansion using general revenue until CMS approves the SPA amendment.

DSHS has executed contracts with Texoma Community Center to provide both HCBS-AMH comprehensive service array and recovery management in Sherman, Texas. DSHS enrolled the first two HCBS-AMH participants on June 15, 2016. In addition, DSHS has two executed contracts, one in Harris County for provider agency and one in Wichita Falls for recovery management. There are seven additional contracts with anticipated execution including a recovery management entity in Harris County and a provider agency in Wichita Falls. Once executed, HCBS-AMH referrals will open in Harris County and Wichita Falls.

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 424. Of these, 240 have successfully completed one year of pilot services 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 32 clients in the community and 48 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 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 April, DSHS staff facilitated a session called, “On the Move: Meeting the Transition Needs of Individuals with Behavioral Health Conditions,” at the Texas State Independent Living Conference in San Antonio.

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

- Through third quarter of fiscal year 2016, certified Peer Service Coordinators, working in 37 communities served by the state’s Local Mental Health Authorities (LMHAs), served 3,380 incarcerated Veterans, and, statewide provided an additional 29,384 peer-to-peer services to an estimated 14,000 additional (non-incarcerated) Service Members, Veterans, and Family Members.
- Licensed mental health professionals (Field Clinicians) provided 83 case management clinical services to incarcerated Veterans in special Texas Department of Criminal Justice (TDCJ) Veteran Dormitory units in Austin and Gatesville. Additionally, these Field Clinicians provided 1,082 clinical services to 355 Service Members, Veterans, and Family Members in Dallas/Fort Worth, Waco, Killeen, Austin, and San Antonio.
- To date, 105 Texas Veterans Commission (TVC) certified trainers, employed at LMHAs, trained 973 individuals in peer-to-peer counseling skills.

Other Recovery Initiatives

- DSHS contracts with Via Hope 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. The total number of individuals trained as Certified Peer Specialists to date is now 846, of which 790 were certified and 528 currently have an active certification. The total number of Certified Family Partners is now 183, of which 127 currently have an active certification.
- 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, 84th 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. Three LMHAS were awarded contracts based on a Needs and Capacity Assessment: MHMR of Tarrant County, Harris

Center for MHMR and Tropical of Texas Behavioral Health. These LMHAs are in the process of hiring/training peers, enrolling clients, and strengthening relationships/working in the jails. In addition, DSHS is collaborating with the Hogg Foundation for a process evaluation.

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 16,655 providers have completed online or face-to-face training modules within the infrastructure:

| Training | Number Completed |
|--|-------------------------|
| Individual Placement and Support – Supported Employment (IPS-SE) | 882 |
| Co-Occurring Psychiatric and Substance Disorders (COPSD) | 5,494 |
| Illness Management Recovery (IMR) | 5,797 |
| IMR Recertification | 1,890 |
| Cognitive Adaptation Training (CAT) | 415 |
| TOTAL Web based | 14,478 |
| TOTAL In Person | 2,177 |
| TOTAL Training | 16,655 |

The CTI-EBP is free to those with DSHS funded contracts and through partnerships with other state agencies. The CTI-EBP E-Commerce will be fully promoted September 1, 2016 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). The system continues to partner with the Department of Aging and Disability Services. DADS releasing Mental Health Wellness Intellectual Developmental Disabilities training modules for fiscal year 2017 (September 1, 2016).

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 3.

Also note that this report is completed and compiled in collaboration with DSHS Children with Special Health Care

Needs (CSHCN) Services Program, DSHS Mental Health and Substance Abuse (MHSA) Division Decision Support staff, DSHS MHSA Special Projects Unit staff, DSHS MHSA Adult Program Services Staff, DSHS MHSA Senior Policy Analyst Office and DSHS Hospitals Section staff.

Report Completed By: Carissa Dougherty

Telephone/Contact Number: (512) 206-5347

DSHS PIAC Status Report

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

| | FY2016 | | | | | | | | | | | |
|--|-----------|-------|-------|-----------|-------|-------|-----------|-------|-------|-----------|-----|-----|
| | Quarter 1 | | | Quarter 2 | | | Quarter 3 | | | Quarter 4 | | |
| | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug |
| Number Readmitted Three or More Times in 180 Days Since FY2001 | 4,850 | 4,862 | 4,875 | 4,885 | 4,899 | 4,915 | 4,944 | 4,966 | 4,984 | | | |
| Number Receiving Services | 1,607 | 1,580 | 1,595 | 1,578 | 1,585 | 1,584 | 1,623 | 1,632 | 1,654 | | | |
| Level of Care Received | | | | | | | | | | | | |
| Crisis Services | 108 | 98 | 97 | 93 | 89 | 83 | 78 | 84 | 100 | | | |
| Level of Care 1 M Medication Management | 4 | 4 | 4 | 5 | 5 | 5 | 6 | 7 | 7 | | | |
| <i>Average Service Hours</i> | 0.13 | 0.21 | 0.42 | 0.89 | 0.1 | 0.3 | 0.65 | 0.55 | 0.39 | | | |
| Level of Care 1 S Skills Training | 742 | 726 | 733 | 722 | 728 | 740 | 750 | 743 | 748 | | | |
| <i>Average Service Hours</i> | 1.2 | 1.27 | 1.35 | 0.9 | 0.98 | 1.24 | 1.72 | 1.58 | 1.35 | | | |
| Level of Care 2 Medication, Coordination and CBT | 8 | 8 | 8 | 9 | 8 | 8 | 12 | 10 | 9 | | | |
| <i>Average Service Hours</i> | 4.63 | 4.3 | 2.47 | 2.28 | 2.58 | 2.38 | 2.58 | 1.52 | 1.69 | | | |
| Level of Care 3 Medication, Psychosocial Rehabilitation | 459 | 451 | 453 | 441 | 435 | 426 | 439 | 451 | 462 | | | |
| <i>Average Service Hours</i> | 5.76 | 5.47 | 4.94 | 5.11 | 4.67 | 5.21 | 5.16 | 5.37 | 5.16 | | | |
| Level of Care 4 Assertive Community Treatment (ACT) | 265 | 273 | 279 | 288 | 291 | 291 | 302 | 309 | 304 | | | |
| <i>Average Service Hours</i> | 7.05 | 7.51 | 6.4 | 7.13 | 6.88 | 7.18 | 7.02 | 7.42 | 6.5 | | | |
| Level of Care 5 Crisis Follow up | 14 | 12 | 11 | 15 | 23 | 25 | 30 | 25 | 20 | | | |
| Client Refused Services | 0 | 0 | 0 | 0 | 1 | 2 | 2 | 0 | 0 | | | |
| Waiting for All Services | 7 | 8 | 6 | 5 | 4 | 3 | 3 | 3 | 4 | | | |
| Not Eligible for Services | 0 | 0 | 4 | 0 | 1 | 1 | 1 | 0 | 0 | | | |
| Percent Appropriately-Authorized | 94.8 | 95.9 | 95.4 | 95.4 | 95.6 | 95.4 | 95.8 | 96.0 | 95.8 | | | |

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 3.

Source: DSHS Client Assignment and Registration (CARE) system and Clinical Management For Behavioral Health Services warehouse, 05/31/2016.

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 |
| Number Readmitted Three or More Times in 180 Days Since FY2001 | 362 | 363 | 366 | 366 | 367 | 368 | 368 | 371 | 370 | | | |
| Number Receiving Services | 50 | 57 | 60 | 53 | 54 | 55 | 57 | 57 | 56 | | | |
| Level of Care Received | | | | | | | | | | | | |
| Crisis Services | 1 | 1 | 2 | 1 | 2 | 1 | 1 | 1 | 2 | | | |
| Level of Care 1 Medication Management | 2 | 2 | 3 | 2 | 2 | 3 | 3 | 3 | 3 | | | |
| <i>Average Service Hours</i> | 2.08 | 1.63 | 2.36 | 0.71 | 3.46 | 2.37 | 2.13 | 1.4 | 2.37 | | | |
| Level of Care 2 Targeted Services | 3 | 3 | 3 | 4 | 2 | 3 | 3 | 3 | 3 | | | |
| <i>Average Service Hours</i> | 2.83 | 1.92 | 1.22 | 1.33 | 5.85 | 4.26 | 3.22 | 0.89 | 4.26 | | | |
| Level of Care 3 Complex Services | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| <i>Average Service Hours</i> | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| Level of Care 4 Intensive Family Services | 2 | 2 | 2 | 1 | 1 | 3 | 3 | 2 | 3 | | | |
| <i>Average Service Hours</i> | 7.03 | 6.47 | 4.25 | 9.92 | 4.65 | 5.95 | 9.9 | 8.56 | 5.95 | | | |
| Level of Care 5 Transitional Services | 1 | 2 | 3 | 4 | 6 | 2 | 2 | 3 | 2 | | | |
| <i>Average Service Hours</i> | 0.55 | 1.75 | 3.44 | 1.42 | 3.53 | 6.82 | 4.03 | 2.01 | 6.82 | | | |
| Level of Care CYC - Young Children Services | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| <i>Average Service Hours</i> | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| Client Refused Services | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| Waiting for services | 39 | 44 | 45 | 38 | 39 | 40 | 42 | 40 | 38 | | | |
| Not Eligible for Services | | | | | | | | | | | | |
| Percent Appropriately-Authorized | 86.1 | 83.3 | 87.5 | 89.7 | 92.7 | 94.9 | 94.7 | 94.9 | 97.3 | | | |

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 3.

Source: DSHS Client Assignment and REgistration (CARE) system and Clinical Management Behavioral Health Services warehouse, 05/31/2016.

Wait List For SFY 2016

| | Q1 | | | | Q2 | | | | Q3 | | | | Q4 | | | |
|-----------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-----|-----|-----|-------|
| | Sep | Oct | Nov | Total | Dec | Jan | Feb | Total | Mar | Apr | May | Total | Jun | Jul | Aug | Total |
| Adults | 1,486 | 1,442 | 1,263 | 4,191 | 1,047 | 743 | 707 | 2,497 | 714 | 709 | 969 | 2,392 | | | | 0 |
| Adults Underserved | 637 | 617 | 651 | 1,905 | 651 | 625 | 605 | 1,881 | 633 | 638 | 637 | 1,908 | | | | 0 |
| Children | 40 | 63 | 76 | 179 | 77 | 88 | 101 | 266 | 115 | 125 | 122 | 362 | | | | 0 |
| Children Underserved | 37 | 17 | 11 | 65 | 22 | 25 | 33 | 80 | 42 | 46 | 68 | 156 | | | | 0 |
| Total | 2,200 | 2,139 | 2,001 | 6,340 | 1,797 | 1,481 | 1,446 | 4,724 | 1,504 | 1,518 | 1,796 | 4,818 | 0 | 0 | 0 | 0 |

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 | 711 | 191 | 493 | 27 | 551 | 15 | 37 | 108 |
| 5/31/2016 | 738 | 204 | 509 | 25 | 572 | 15 | 45 | 106 |

**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.*

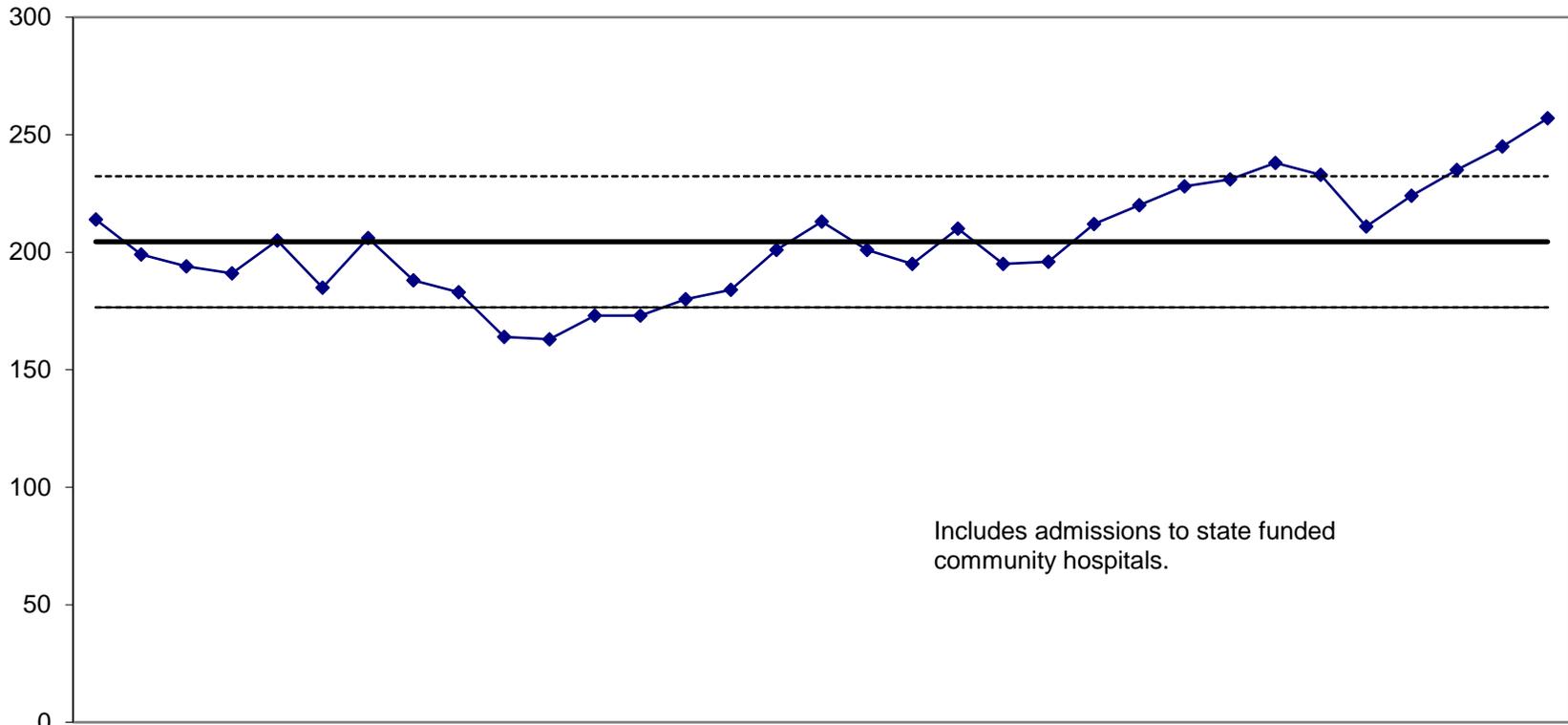
Discharges from State Hospitals - FY2016

| Placement | Patients Discharged After Being Hospitalized for 365 Days | | Patients Discharged After Being Hospitalized for 365 Days | |
|---|---|-----------|---|-----------|
| | All Patients | | All Patients | |
| | Q2 – FY16 | | Q3 – FY16 | |
| No Entry* | 2 | | 4 | |
| BHO Care | 3 | | 2 | |
| Death | 3 | 2 | 3 | 2 |
| Domestic Abuse Shelter | 2 | 1 | 2 | |
| ICF/MR | 3 | | 2 | |
| Jail or Other Correctional Facility | 513 | 32 | 530 | 27 |
| Medical/Inpatient Facility | 5 | 2 | 8 | 1 |
| MHA/MRA | 147 | 3 | 168 | 5 |
| Nursing Home | 21 | 8 | 29 | 11 |
| Other Agency Arranged (e.g. CPS) | 17 | | 21 | 1 |
| Other State Hospital | 83 | 19 | 79 | 19 |
| Out of State (MR Only) | 1 | | 3 | |
| Personal Care/Group Home | 183 | 5 | 169 | 8 |
| Private Psychiatric Hospital | 2 | | 4 | |
| Private Residence | 1166 | 4 | 1156 | 6 |
| Respite | 65 | | 63 | |
| State Supported Living Center | 7 | 2 | 12 | 2 |
| State-Funded Community Psychiatric Hospital | 1 | | 2 | |
| Substance Abuse Center | 11 | | 8 | |
| Supportive Housing | 9 | | 15 | 1 |
| UD Involuntary | 7 | | 5 | |
| UD Voluntary | 2 | | 2 | |
| VA Care | 6 | | | |
| Total | 2259 | 78 | 2287 | 83 |

Control Chart Master

| Quarters by FY | Discharges | Average | UCL | LCL | MR | MR-Bar | |
|-------------------|------------|---------|-----|-----|----|--------|--|
| 2009 Qtr3 | 40 | 69 | 101 | | 38 | 11.9 | |
| 2009 Qtr4 | 40 | 69 | 101 | | 38 | 0 | Notes for the completion of the Control Chart: |
| 2010 Qtr1 | 58 | 69 | 101 | | 38 | 18 | |
| 2010 Qtr2 | 41 | 69 | 101 | | 38 | 17 | |
| 2010 Qtr3 | 44 | 69 | 101 | | 38 | 3 | Within the cell " C4 ", adjust the formula to only calculate the average of the range of the last 30 Quarters. IE: =AVERAGE(B108:B140) |
| 2010 Qtr4 | 77 | 69 | 101 | | 38 | 33 | |
| 2011 Qtr1 | 54 | 69 | 101 | | 38 | 23 | |
| 2011 Qtr2 | 64 | 69 | 101 | | 38 | 10 | |
| 2011 Qtr3 | 61 | 69 | 101 | | 38 | 3 | 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) |
| 2011 Qtr4 | 70 | 69 | 101 | | 38 | 9 | |
| 2012 Qtr1 | 75 | 69 | 101 | | 38 | 5 | |
| 2012 Qtr2 | 63 | 69 | 101 | | 38 | 12 | 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. |
| 2012 Qtr3 | 77 | 69 | 101 | | 38 | 14 | |
| 2012 Qtr4 | 79 | 69 | 101 | | 38 | 2 | |
| 2013 Qtr1 | 75 | 69 | 101 | | 38 | 4 | |
| 2013 Qtr2 | 56 | 69 | 101 | | 38 | 19 | |
| 2013 Qtr3 | 59 | 69 | 101 | | 38 | 3 | |
| 2013 Qtr4 | 65 | 69 | 101 | | 38 | 6 | |
| 2014 Qtr1 | 63 | 69 | 101 | | 38 | 2 | |
| 2014 Qtr2 | 70 | 69 | 101 | | 38 | 7 | |
| 2014 Qtr3 | 70 | 69 | 101 | | 38 | 0 | |
| 2014 Qtr4 | 115 | 69 | 101 | | 38 | 45 | |
| 2015 Qtr1 | 63 | 69 | 101 | | 38 | 52 | |
| 2015 Qtr2 | 70 | 69 | 101 | | 38 | 7 | |
| 2015 Qtr3 | 76 | 69 | 101 | | 38 | 6 | |
| 2015 Qtr4 | 82 | 69 | 101 | | 38 | 6 | |
| 2016 Qtr1 | 85 | 69 | 101 | | 38 | 3 | |
| 2016 Qtr2 | 78 | 69 | 101 | | 38 | 7 | |
| 2016 Qtr3 | 83 | 69 | 101 | | 38 | 5 | |
| 2016 Qtr4 | | | | | | | |
| 2017 Qtr1 | | | | | | | |
| 2017 Qtr2 | | | | | | | |
| 2017 Qtr3 | | | | | | | |
| 2017 Qtr4 | | | | | | | |
| 2018 Qtr1 | | | | | | | |
| 2018 Qtr2 | | | | | | | |
| 2018 Qtr3 | | | | | | | |
| 2018 Qtr4 | | | | | | | |

Persons Admitted Three or More Times in 180 days:September 2013 - May 2016



| | Sep 13 | Oct 13 | Nov 13 | Dec 13 | Jan 14 | Feb 14 | Mar 14 | Apr 14 | May 14 | Jun 14 | Jul 14 | Aug 14 | Sep 14 | Oct 14 | Nov 14 | Dec 14 | Jan 15 | Feb 15 | Mar 15 | Apr 15 | May 15 | Jun 15 | Jul 15 | Aug 15 | Sep 15 | Oct 15 | Nov 15 | Dec 15 | Jan 16 | Feb 16 | Mar 16 | Apr 16 | May 16 |
|---------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Series1 | 214 | 199 | 194 | 191 | 205 | 185 | 206 | 188 | 183 | 164 | 163 | 173 | 173 | 180 | 184 | 201 | 213 | 201 | 195 | 210 | 195 | 196 | 212 | 220 | 228 | 231 | 238 | 233 | 211 | 224 | 235 | 245 | 257 |
| Series2 | 204 | 204 | 204 | 204 | 204 | 204 | 204 | 204 | 204 | 204 | 204 | 204 | 204 | 204 | 204 | 204 | 204 | 204 | 204 | 204 | 204 | 204 | 204 | 204 | 204 | 204 | 204 | 204 | 204 | 204 | 204 | 204 | 204 |
| Series3 | 232 | 232 | 232 | 232 | 232 | 232 | 232 | 232 | 232 | 232 | 232 | 232 | 232 | 232 | 232 | 232 | 232 | 232 | 232 | 232 | 232 | 232 | 232 | 232 | 232 | 232 | 232 | 232 | 232 | 232 | 232 | 232 | 232 |
| Series4 | 177 | 177 | 177 | 177 | 177 | 177 | 177 | 177 | 177 | 177 | 177 | 177 | 177 | 177 | 177 | 177 | 177 | 177 | 177 | 177 | 177 | 177 | 177 | 177 | 177 | 177 | 177 | 177 | 177 | 177 | 177 | 177 | 177 |

Control Chart Master

| Month | Persons | Average | ucl | lcl | mr | mr-bar |
|-------|---------|---------|-----|-----|----|--------|
| Apr03 | 215 | 204 | 232 | 177 | | 10.5 |
| May03 | 204 | 204 | 232 | 177 | 11 | 10.5 |
| Apr13 | 271 | 204 | 232 | 177 | 7 | 10.5 |
| May13 | 245 | 204 | 232 | 177 | 26 | 10.5 |
| Jun13 | 255 | 204 | 232 | 177 | 10 | 10.5 |
| Jul13 | 250 | 204 | 232 | 177 | 5 | 10.5 |
| Aug13 | 225 | 204 | 232 | 177 | 25 | 10.5 |
| Sep13 | 214 | 204 | 232 | 177 | 11 | 10.5 |
| Oct13 | 199 | 204 | 232 | 177 | 15 | 10.5 |
| Nov13 | 194 | 204 | 232 | 177 | 5 | 10.5 |
| Dec13 | 191 | 204 | 232 | 177 | 3 | 10.5 |
| Jan14 | 205 | 204 | 232 | 177 | 14 | 10.5 |
| Feb14 | 185 | 204 | 232 | 177 | 20 | 10.5 |
| Mar14 | 206 | 204 | 232 | 177 | 21 | 10.5 |
| Apr14 | 188 | 204 | 232 | 177 | 18 | 10.5 |
| May14 | 183 | 204 | 232 | 177 | 5 | 10.5 |
| Jun14 | 164 | 204 | 232 | 177 | 19 | 10.5 |
| Jul14 | 163 | 204 | 232 | 177 | 1 | 10.5 |
| Aug14 | 173 | 204 | 232 | 177 | 10 | 10.5 |
| Sep14 | 173 | 204 | 232 | 177 | 0 | 10.5 |
| Oct14 | 180 | 204 | 232 | 177 | 7 | 10.5 |
| Nov14 | 184 | 204 | 232 | 177 | 4 | 10.5 |
| Dec14 | 201 | 204 | 232 | 177 | 17 | 10.5 |
| Jan15 | 213 | 204 | 232 | 177 | 12 | 10.5 |
| Feb15 | 201 | 204 | 232 | 177 | 12 | 10.5 |
| Mar15 | 195 | 204 | 232 | 177 | 6 | 10.5 |
| Apr15 | 210 | 204 | 232 | 177 | 15 | 10.5 |
| May15 | 195 | 204 | 232 | 177 | 15 | 10.5 |
| Jun15 | 196 | 204 | 232 | 177 | 1 | 10.5 |
| Jul15 | 212 | 204 | 232 | 177 | 16 | 10.5 |
| Aug15 | 220 | 204 | 232 | 177 | 8 | 10.5 |
| Sep15 | 228 | 204 | 232 | 177 | 8 | 10.5 |
| Oct15 | 231 | 204 | 232 | 177 | 3 | 10.5 |
| Nov15 | 238 | 204 | 232 | 177 | 7 | 10.5 |
| Dec15 | 233 | 204 | 232 | 177 | 5 | 10.5 |
| Jan16 | 211 | 204 | 232 | 177 | 22 | 10.5 |
| Feb16 | 224 | 204 | 232 | 177 | 13 | 10.5 |
| Mar16 | 235 | 204 | 232 | 177 | 11 | 10.5 |
| Apr16 | 245 | 204 | 232 | 177 | 10 | 10.5 |
| May16 | 257 | 204 | 232 | 177 | 12 | 10.5 |
| Jun16 | | | | | | |
| Jul16 | | | | | | |
| Aug16 | | | | | | |
| Sep16 | | | | | | |
| Oct16 | | | | | | |
| Nov16 | | | | | | |
| Dec16 | | | | | | |

There are HIDDEN Rows above this point with Old Data.

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 33 months. IE: =AVERAGE(B108:B140)
 Within the cell " G4 ", adjust the formula to only calculate the mr-bar of the range of the last 33 months. 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.

Report to the Promoting Independence Advisory Committee

July 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 is implementing an outreach strategy to educate providers and clients about the upcoming STAR Kids implementation. Initial information letters for prospective STAR Kids members will go out in mid-July, while enrollment packets will go out in mid-August. HHSC will hold additional information sessions, including some sessions provided in Spanish, in twelve cities across Texas in August and September 2016. The schedule of these sessions can be found at the STAR Kids website. Additionally, HHSC has updated the STAR Kids website to include additional information about STAR Kids, including family and provider FAQs, flyers, and sample STAR Kids information packets. The STAR Kids website can be found at <http://www.hhsc.state.tx.us/starkids>.

Operational and systems readiness review for the STAR Kids MCOs is underway this summer. The readiness review process is designed to ensure that STAR Kids meet all applicable requirements and will be ready to accept members on November 1, 2016. Training of key MCO staff, including specific training on assessment processes, is ongoing,

The STAR Kids Managed Care Advisory Committee met for the eleventh time on June 15, 2016. The next committee meeting is scheduled for September 14, 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. Currently, HHSC limits 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 41,554 members with a 37% 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, and 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, mental health, 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 (LIDDAs), and Texas Council of Community Centers to gather feedback regarding CFC.

HHSC has also completed two CFC webinars 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 two trainings about CFC to STAR Kids' MCOs. By early August, STAR Kids MCOs and LIDDAs will have policies and procedures regarding prioritizing children and young adults for assessing for an intermediate care facility for CFC. HHSC rules for CFC became effective in 2015 and were revised effective July 2016. The effective date for DADS CFC rules was March 20, 2016.

HHSC and DADS are working together 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 as the workgroup expands beyond the training focus.

Employment Initiatives

The Employment First Task Force (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 August 15th, 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](#). Task Force members are working to complete the second report to the Legislature by September 1, 2016. This includes finalizing legislative recommendations as well as creating an education and outreach process. In an effort to increase coordination and information sharing, state agency members of the Task Force began meeting quarterly to discuss employment related projects and initiatives.

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.

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 developed web-based provider (residential and non-residential) and service coordinator/case manager self-assessment tools and face-to-face participant (residential and non-residential) assessment tools.

DADS has finalized a contract with Texas A&M Public Policy Research Institute (PPRI) to conduct the face-to-face participant interviews with individuals in 1915(c) waiver programs. Texas A&M PPRI staff are currently training interviewers around the state and have begun to contact providers and individuals regarding the participant assessments. The web-based provider residential and service coordinator/case manager self-assessments were completed in June 2016 and DADS staff are currently analyzing the data. The provider non-residential assessments are on track to begin in June 2016.

HHSC posted the STAR+PLUS provider survey on the HHSC website. Providers have until July 29, 2016, to complete surveys for each setting in which assisted living or adult foster care services are provided. HHSC posted the STAR+PLUS service coordinator survey toward the end of June 2016. HHSC has contracted with the state's external quality review organization to conduct the face-to-face participant surveys with individuals in STAR+PLUS. This is scheduled to begin in July.

All states were required to submit a transition plan outlining the steps they will take to come into compliance with the regulations by 2019. HHSC submitted the statewide transition plan (STP) in December 2014 and a modified version which included a transition plan for the STAR+PLUS waiver in March 2015. Texas received feedback from CMS on the plan in September 2015 and HHSC, DADS and DSHS worked together to address CMS comments and modify the plan accordingly. The revised statewide transition plan was posted for public comment. The public comment period closed on January 19th. HHSC submitted the revised STP to CMS by February 1st. On June 7, 2016, CMS sent additional feedback on the initial HCBS STP. HHSC, DADS and DSHS are in the process of reviewing the CMS feedback.

HHSC Rate Analysis Department Update

In response to the U.S. Department of Labor rule update to the Fair Labor Standards Act (FLSA) that will guarantee overtime premium pay for certain employees whose salary falls between \$455 and \$915 weekly, the HHSC Rate Analysis Department will be conducting an online survey during the month of July to collect data from Long-Term Services and Supports (LTSS) providers in order to determine the fiscal impact of the rule change.

LTSS providers that will be completing the survey will be required to submit statistical and compensation data for a 1-month period of time that is to be selected between the dates of October 1, 2015, and March 31, 2016.

The online survey became available beginning July 1, 2016, on the HHSC Rate Analysis Department webpage at <http://www.hhsc.state.tx.us/rad/long-term-svcs/index.shtml>. An on-demand training video that walks providers through completing the survey is also available at the above-referenced link.

A separate survey is also being conducted by the HHSC Rate Analysis Department in response to the 2016-17 General Appropriations Act, H.B. 1, 84th Legislature, Regular Session, 2015 (Article II, Health and Human Services Commission, Rider 89) which directs HHSC to develop recruitment and retention strategies for community attendants. The online recruitment and retention survey will collect attendant data in conjunction with 2015 Cost Reports that were due from providers on April 30.

Additional information regarding the 2015 Cost Reports is available through the Long-Term Services and Supports Rate Analysis webpage at: <http://www.hhsc.state.tx.us/rad/long-term-svcs>.

Additional information regarding the above-referenced surveys is available through the DADS provider Information Letters (IL) webpage at: <https://www.dads.state.tx.us/providers/communications/letters.cfm>. The ILs will also include contact information for providers who have questions and/or need technical support regarding the completion of the surveys

Nursing Facility (NF) and 24-hour Residential Child Care (24RCC) providers will soon be receiving their 2014 Cost Report adjustment notification letters via U.S. postal mail. This will be the final time that hard copy letters will be mailed to NF and 24RCC providers as notifications of cost report adjustments and/or exclusions will be sent electronically to providers since these programs are now submitting cost reports through the online STAIRS Cost Reporting system. Providers who have questions regarding 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>.

Lastly, HHSC Rate Analysis is mailing out information, via U.S. postal mail, for the annual Rate Enhancement open enrollment that will be held the month of July. This will be the final time that hard copy letters regarding open enrollment will be mailed to LTSS providers as future information regarding Rate Enhancement will be sent to providers electronically through provider alerts, information letters and/or via email. The Rate Enhancement program is an optional program whereby providers can receive higher payment rates that are required to be passed onto direct care staff.

Transformation Update

The first major phase of Health and Human Services (HHS) transformation is slated to happen Sept. 1, 2016. On that day close to 150 programs and some 4000-plus HHS employees will transfer to HHSC and begin the process of integrating those programs and staff into the restructured HHS system.

The focal points for the Sept. 1 changes are creation of the new Medical and Social Services (MSS) division and an Administrative Services division that will provide support to the entire Health and Human Services system, including the programs remaining at the Department of State Health Services, the Department of Family and Protective Services, and the Department of Aging and Disability Services.

Texas Health and Human Services Executive Commissioner Charles Smith said the new MSS division will bring together access and eligibility services, community services and Medicaid-CHIP services from the five HHS agencies into one division within HHSC.

"The new division will be comprised of all the main elements required to deliver HHS services and benefits such as Medicaid and CHIP service delivery, disability and eligibility determinations, mental health, aging and other community based services," Smith said. "These roles are intertwined throughout the MSS division, they will be unified and coordinated to make a difference in the lives of the people we serve."

Smith has chosen Gary Jessee, currently deputy executive commissioner for HHSC's Medicaid CHIP division, to lead the new MSS division.

The consolidation of administrative services is also part of the package of changes that will occur Sept. 1. Financial Services, System Support Services, Procurement and Contracting Services, and IT will make up the new Administrative Services division at HHSC. In addition, other services that support program work, such as legal services and internal audit, will migrate from their respective HHS agencies to support programs throughout the system.

The mapping of HHS-agency employees to HHSC wrapped up in June and employees are learning this week whether they are transferring on Sept. 1 as part of the restructuring.

Staff from IT, Financial Services, and Human Resources have been working with Transformation, Policy and Performance to pave the way for the employees transferring to HHSC. Even though the transfer of most employees will not involve a physical move, adjustments are taking place to make sure the transfer doesn't interrupt employees' work, or more importantly, the services they provide.

"The new MSS division and the broader HHS transformation puts us on the path to being even more successful in making a meaningful difference in the lives of the people we serve," said Smith.