

By: Schwertner, et al.

S.B. No. 11

A BILL TO BE ENTITLED

AN ACT

relating to the administration of services provided by the Department of Family and Protective Services, including foster care, child protective, relative and kinship caregiver support, and prevention and early intervention services.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Section 71.004, Family Code, is amended to read as follows:

Sec. 71.004. FAMILY VIOLENCE. "Family violence" means:

(1) an act by a member of a family or household against another member of the family or household that is intended to result in physical harm, bodily injury, assault, or sexual assault or that is a threat that reasonably places the member in fear of imminent physical harm, bodily injury, assault, or sexual assault, but does not include defensive measures to protect oneself;

(2) abuse, as that term is defined by Sections 261.001(1)(C), (E), (G), (H), (I), (J), ~~and~~ (K), and (M), by a member of a family or household toward a child of the family or household; or

(3) dating violence, as that term is defined by Section 71.0021.

SECTION 2. Section 162.005, Family Code, is amended by adding Subsection (c) to read as follows:

(c) The department shall ensure that each licensed

1 child-placing agency, single source continuum contractor, or other  
2 person placing a child for adoption receives a copy of any portion  
3 of the report prepared by the department.

4 SECTION 3. Section 162.0062, Family Code, is amended by  
5 adding Subsection (a-1) to read as follows:

6 (a-1) If a child is placed with a prospective adoptive  
7 parent prior to adoption, the prospective adoptive parent is  
8 entitled to examine any record or other information relating to the  
9 child's health history, including the portion of the report  
10 prepared under Section 162.005 for the child that relates to the  
11 child's health. The department, licensed child-placing agency,  
12 single source continuum contractor, or other person placing a child  
13 for adoption shall inform the prospective adoptive parent of the  
14 prospective adoptive parent's right to examine the records and  
15 other information relating to the child's health history. The  
16 department, licensed child-placing agency, single source continuum  
17 contractor, or other person placing the child for adoption shall  
18 edit the records and information to protect the identity of the  
19 biological parents and any other person whose identity is  
20 confidential.

21 SECTION 4. Section 162.007, Family Code, is amended by  
22 amending Subsection (a) and adding Subsection (g) to read as  
23 follows:

24 (a) The health history of the child must include information  
25 about:

- 26 (1) the child's health status at the time of placement;  
27 (2) the child's birth, neonatal, and other medical,

1 psychological, psychiatric, and dental history information,  
2 including to the extent known by the department:

3 (A) whether the child's birth mother consumed  
4 alcohol during pregnancy; and

5 (B) whether the child has been diagnosed with  
6 fetal alcohol spectrum disorder;

7 (3) a record of immunizations for the child; and

8 (4) the available results of medical, psychological,  
9 psychiatric, and dental examinations of the child.

10 (g) In this section, "fetal alcohol spectrum disorder"  
11 means any of a group of conditions that can occur in a person whose  
12 mother consumed alcohol during pregnancy.

13 SECTION 5. Section 261.001(1), Family Code, is amended to  
14 read as follows:

15 (1) "Abuse" includes the following acts or omissions  
16 by a person:

17 (A) mental or emotional injury to a child that  
18 results in an observable and material impairment in the child's  
19 growth, development, or psychological functioning;

20 (B) causing or permitting the child to be in a  
21 situation in which the child sustains a mental or emotional injury  
22 that results in an observable and material impairment in the  
23 child's growth, development, or psychological functioning;

24 (C) physical injury that results in substantial  
25 harm to the child, or the genuine threat of substantial harm from  
26 physical injury to the child, including an injury that is at  
27 variance with the history or explanation given and excluding an

1 accident or reasonable discipline by a parent, guardian, or  
2 managing or possessory conservator that does not expose the child  
3 to a substantial risk of harm;

4 (D) failure to make a reasonable effort to  
5 prevent an action by another person that results in physical injury  
6 that results in substantial harm to the child;

7 (E) sexual conduct harmful to a child's mental,  
8 emotional, or physical welfare, including conduct that constitutes  
9 the offense of continuous sexual abuse of young child or children  
10 under Section 21.02, Penal Code, indecency with a child under  
11 Section 21.11, Penal Code, sexual assault under Section 22.011,  
12 Penal Code, or aggravated sexual assault under Section 22.021,  
13 Penal Code;

14 (F) failure to make a reasonable effort to  
15 prevent sexual conduct harmful to a child;

16 (G) compelling or encouraging the child to engage  
17 in sexual conduct as defined by Section 43.01, Penal Code,  
18 including compelling or encouraging the child in a manner that  
19 constitutes an offense of trafficking of persons under Section  
20 20A.02(a)(7) or (8), Penal Code, prostitution under Section  
21 43.02(b), Penal Code, or compelling prostitution under Section  
22 43.05(a)(2), Penal Code;

23 (H) causing, permitting, encouraging, engaging  
24 in, or allowing the photographing, filming, or depicting of the  
25 child if the person knew or should have known that the resulting  
26 photograph, film, or depiction of the child is obscene as defined by  
27 Section 43.21, Penal Code, or pornographic;

1 (I) the current use by a person of a controlled  
2 substance as defined by Chapter 481, Health and Safety Code, in a  
3 manner or to the extent that the use results in physical, mental, or  
4 emotional injury to a child;

5 (J) causing, expressly permitting, or  
6 encouraging a child to use a controlled substance as defined by  
7 Chapter 481, Health and Safety Code;

8 (K) causing, permitting, encouraging, engaging  
9 in, or allowing a sexual performance by a child as defined by  
10 Section 43.25, Penal Code; [~~or~~]

11 (L) knowingly causing, permitting, encouraging,  
12 engaging in, or allowing a child to be trafficked in a manner  
13 punishable as an offense under Section 20A.02(a)(5), (6), (7), or  
14 (8), Penal Code, or the failure to make a reasonable effort to  
15 prevent a child from being trafficked in a manner punishable as an  
16 offense under any of those sections; or

17 (M) forcing or coercing a child to enter into a  
18 marriage.

19 SECTION 6. Section 261.001(5), Family Code, is amended to  
20 read as follows:

21 (5) "Person responsible for a child's care, custody,  
22 or welfare" means a person who traditionally is responsible for a  
23 child's care, custody, or welfare, including:

24 (A) a parent, guardian, managing or possessory  
25 conservator, or foster parent of the child;

26 (B) a member of the child's family or household  
27 as defined by Chapter 71;

1 (C) a person with whom the child's parent  
2 cohabits;

3 (D) school personnel or a volunteer at the  
4 child's school; ~~[or]~~

5 (E) personnel or a volunteer at a public or  
6 private child-care facility that provides services for the child or  
7 at a public or private residential institution or facility where  
8 the child resides; or

9 (F) an employee, volunteer, or other person  
10 working under the supervision of a licensed or unlicensed  
11 child-care facility, including a family home, residential  
12 child-care facility, employer-based day-care facility, or shelter  
13 day-care facility, as those terms are defined in Chapter 42, Human  
14 Resources Code.

15 SECTION 7. Subchapter A, Chapter 261, Family Code, is  
16 amended by adding Section 261.004 to read as follows:

17 Sec. 261.004. TRACKING OF RECURRENCE OF CHILD ABUSE OR  
18 NEGLECT REPORTS. (a) The department shall:

19 (1) collect and monitor data regarding repeated  
20 reports of abuse or neglect:

21 (A) involving the same child, including reports  
22 of abuse or neglect of the child made while the child resided in  
23 other households and reports of abuse or neglect of the child by  
24 different alleged perpetrators made while the child resided in the  
25 same household; or

26 (B) by the same alleged perpetrator.

27 (a-1) In monitoring reports of abuse or neglect under

1 Subsection (a), the department shall group together separate  
2 reports involving differing children residing in the same  
3 household.

4 (b) The department shall consider any report collected  
5 under Subsection (a) involving any child or adult who is a part of a  
6 child's household when making case priority determinations or when  
7 conducting service or safety planning for the child or the child's  
8 family.

9 SECTION 8. Section 263.401, Family Code, is amended to read  
10 as follows:

11 Sec. 263.401. DISMISSAL AFTER ONE YEAR; NEW TRIALS;  
12 EXTENSION. (a) Unless the court has commenced the trial on the  
13 merits or granted an extension under Subsection (b) or (b-1), on the  
14 first Monday after the first anniversary of the date the court  
15 rendered a temporary order appointing the department as temporary  
16 managing conservator, the court's jurisdiction over [~~court shall~~  
17 ~~dismiss~~] the suit affecting the parent-child relationship filed by  
18 the department that requests termination of the parent-child  
19 relationship or requests that the department be named conservator  
20 of the child is terminated and the suit is automatically dismissed  
21 without a court order.

22 (b) Unless the court has commenced the trial on the merits,  
23 the court may not retain the suit on the court's docket after the  
24 time described by Subsection (a) unless the court finds that  
25 extraordinary circumstances necessitate the child remaining in the  
26 temporary managing conservatorship of the department and that  
27 continuing the appointment of the department as temporary managing

1 conservator is in the best interest of the child. If the court  
2 makes those findings, the court may retain the suit on the court's  
3 docket for a period not to exceed 180 days after the time described  
4 by Subsection (a). If the court retains the suit on the court's  
5 docket, the court shall render an order in which the court:

6 (1) schedules the new date on which the suit will be  
7 automatically dismissed if the trial on the merits has not  
8 commenced, which date must be not later than the 180th day after the  
9 time described by Subsection (a);

10 (2) makes further temporary orders for the safety and  
11 welfare of the child as necessary to avoid further delay in  
12 resolving the suit; and

13 (3) sets the trial on the merits on a date not later  
14 than the date specified under Subdivision (1).

15 (b-1) If, after commencement of the initial trial on the  
16 merits within the time required by Subsection (a) or (b), the court  
17 grants a motion for a new trial or mistrial, or the case is remanded  
18 to the court by an appellate court following an appeal of the  
19 court's final order, the court shall retain the suit on the court's  
20 docket and render an order in which the court:

21 (1) schedules a new date on which the suit will be  
22 automatically dismissed if the new trial has not commenced, which  
23 must be a date not later than the 180th day after the date on which:

24 (A) the motion for a new trial or mistrial is  
25 granted; or

26 (B) the appellate court remanded the case;

27 (2) makes further temporary orders for the safety and

1 welfare of the child as necessary to avoid further delay in  
2 resolving the suit; and

3 (3) sets the new trial on the merits for a date not  
4 later than the date specified under Subdivision (1).

5 (c) If the court grants an extension under Subsection (b) or  
6 (b-1) but does not commence the trial on the merits before the  
7 dismissal date, the court's jurisdiction over [court shall dismiss]  
8 the suit is terminated and the suit is automatically dismissed  
9 without a court order. The court may not grant an additional  
10 extension that extends the suit beyond the required date for  
11 dismissal under Subsection (b) or (b-1), as applicable.

12 SECTION 9. Section 264.018, Family Code, is amended by  
13 adding Subsections (d-1) and (d-2) to read as follows:

14 (d-1) Except as provided by Subsection (d-2), as soon as  
15 possible but not later than 24 hours after a change in placement of  
16 a child in the conservatorship of the department, the department  
17 shall give notice of the placement change to the managed care  
18 organization that contracts with the commission to provide health  
19 care services to the child under the STAR Health program. The  
20 managed care organization shall give notice of the placement change  
21 to the primary care physician listed in the child's health passport  
22 before the end of the second business day after the day the  
23 organization receives the notification from the department.

24 (d-2) In this subsection, "catchment area" has the meaning  
25 assigned by Section 264.151. In a catchment area in which  
26 community-based care has been implemented, the single source  
27 continuum contractor that has contracted with the commission to

1 provide foster care services in that catchment area shall, as soon  
2 as possible but not later than 24 hours after a change in placement  
3 of a child in the conservatorship of the department, give notice of  
4 the placement change to the managed care organization that  
5 contracts with the commission to provide health care services to  
6 the child under the STAR Health program. The managed care  
7 organization shall give notice of the placement change to the  
8 child's primary care physician in accordance with Subsection (d-1).

9 SECTION 10. (a) Subchapter B, Chapter 264, Family Code, is  
10 amended by adding Section 264.1076 to read as follows:

11 Sec. 264.1076. MEDICAL EXAMINATION REQUIRED. (a) This  
12 section applies only to a child who has been taken into the  
13 conservatorship of the department and remains in the  
14 conservatorship of the department for more than three business  
15 days.

16 (b) The department shall ensure that each child described by  
17 Subsection (a) is examined by a physician or other health care  
18 provider authorized under state law to conduct medical examinations  
19 not later than the end of the third business day after the date the  
20 child enters the conservatorship of the department.

21 (c) The department shall collaborate with the commission  
22 and relevant medical practitioners to develop guidelines for the  
23 medical examination conducted under this section, including  
24 guidelines on the components to be included in the examination.

25 (d) Not later than December 31, 2019, the department shall  
26 submit a report to the standing committees of the house of  
27 representatives and the senate with primary jurisdiction over child

1 protective services and foster care evaluating the statewide  
2 implementation of the medical examination required by this section.  
3 The report must include the level of compliance with the  
4 requirements of this section in each region of the state.

5 (b) Section 264.1076, Family Code, as added by this section,  
6 applies only to a child who enters the conservatorship of the  
7 Department of Family and Protective Services on or after the  
8 effective date of this Act. A child who enters the conservatorship  
9 of the Department of Family and Protective Services before the  
10 effective date of this Act is governed by the law in effect on the  
11 date the child entered the conservatorship of the department, and  
12 the former law is continued in effect for that purpose.

13 (c) The Department of Family and Protective Services shall  
14 implement Section 264.1076, Family Code, as added by this section,  
15 not later than December 31, 2018.

16 SECTION 11. (a) Subchapter B, Chapter 264, Family Code, is  
17 amended by adding Sections 264.1261 and 264.128 to read as follows:

18 Sec. 264.1261. FOSTER CARE CAPACITY NEEDS PLAN. (a) In  
19 this section, "community-based care" has the meaning assigned by  
20 Section 264.151.

21 (b) Appropriate department management personnel from a  
22 child protective services region in which community-based care has  
23 not been implemented, in collaboration with foster care providers,  
24 faith-based entities, and child advocates in that region, shall use  
25 data collected by the department on foster care capacity needs and  
26 availability of each type of foster care and kinship placement in  
27 the region to create a plan to address the substitute care capacity

1 needs in the region. The plan must identify both short-term and  
2 long-term goals and strategies for addressing those capacity needs.

3 (c) A foster care capacity needs plan developed under  
4 Subsection (b) must be:

5 (1) submitted to and approved by the commissioner; and

6 (2) updated annually.

7 (d) The department shall publish each initial foster care  
8 capacity needs plan and each annual update to a plan on the  
9 department's Internet website.

10 Sec. 264.128. SINGLE CHILD PLAN OF SERVICE INITIATIVE.

11 (a) In this section, "community-based care" has the meaning  
12 assigned by Section 264.151.

13 (b) In regions of the state where community-based care has  
14 not been implemented, the department shall:

15 (1) collaborate with child-placing agencies to  
16 implement the single child plan of service model developed under  
17 the single child plan of service initiative; and

18 (2) ensure that a single child plan of service is  
19 developed for each child in foster care in those regions.

20 (b) Notwithstanding Section 264.128(b), Family Code, as  
21 added by this section, the Department of Family and Protective  
22 Services shall develop and implement a single child plan of service  
23 for each child in foster care in a region of the state described by  
24 that section not later than September 1, 2017.

25 SECTION 12. (a) Chapter 264, Family Code, is amended by  
26 adding Subchapter B-1 to read as follows:

1                   SUBCHAPTER B-1. COMMUNITY-BASED CARE

2           Sec. 264.151. DEFINITIONS. Except as otherwise provided in  
3 this subchapter:

4           (1) "Case management" means the provision of case  
5 management services to a child for whom the department has been  
6 appointed temporary or permanent managing conservator or to the  
7 child's family, a young adult in extended foster care, a relative or  
8 kinship caregiver, or a child who has been placed in the catchment  
9 area through the Interstate Compact on the Placement of Children,  
10 and includes:

11                   (A) caseworker visits with the child;

12                   (B) family and caregiver visits;

13                   (C) convening and conducting permanency planning  
14 meetings;

15                   (D) the development and revision of child and  
16 family plans of service, including a permanency plan and goals for a  
17 child or young adult in care;

18                   (E) the coordination and monitoring of services  
19 required by the child and the child's family;

20                   (F) the assumption of court-related duties  
21 regarding the child, including:

22                           (i) providing any required notifications or  
23 consultations;

24                           (ii) preparing court reports;

25                           (iii) attending judicial and permanency  
26 hearings, trials, and mediations;

27                           (iv) complying with applicable court

1 orders; and

2 (v) ensuring the child is progressing  
3 toward the goal of permanency within state and federally mandated  
4 guidelines; and

5 (G) any other function or service that the  
6 department determines necessary to allow a single source continuum  
7 contractor to assume responsibility for case management.

8 (2) "Catchment area" means a geographic service area  
9 for providing child protective services that is identified as part  
10 of community-based care.

11 (3) "Community-based care" means the foster care  
12 redesign required by Chapter 598 (S.B. 218), Acts of the 82nd  
13 Legislature, Regular Session, 2011, as designed and implemented in  
14 accordance with the plan required by Section 264.152.

15 Sec. 264.153. QUALIFICATIONS OF SINGLE SOURCE CONTINUUM  
16 CONTRACTOR; SELECTION. (a) To be eligible to enter into a  
17 contract with the commission to serve as a single source continuum  
18 contractor to provide foster care service delivery, an entity must  
19 be a nonprofit entity that has an organizational mission focused on  
20 child welfare or a governmental entity.

21 (b) In selecting a single source continuum contractor, the  
22 department shall consider whether a prospective contractor for a  
23 catchment area has demonstrated experience in providing services to  
24 children and families in the catchment area.

25 Sec. 264.154. REQUIRED CONTRACT PROVISIONS. A contract  
26 with a single source continuum contractor to provide  
27 community-based care services in a catchment area must include

1 provisions that:

2 (1) establish a timeline for the implementation of  
3 community-based care in the catchment area, including a timeline  
4 for:

5 (A) case management services for children,  
6 families, and relative and kinship caregivers receiving services in  
7 the catchment area; and

8 (B) family reunification support services to be  
9 provided for six months after a child receiving services from the  
10 contractor is returned to the child's family;

11 (2) allow the department to conduct a performance  
12 review of the contractor beginning 18 months after the contractor  
13 has begun providing case management and family reunification  
14 support services to all children and families in the catchment area  
15 and determine if the contractor has achieved any performance  
16 outcomes specified in the contract;

17 (3) following the review under Subdivision (2), allow  
18 the department to:

19 (A) impose financial penalties on the contractor  
20 for failing to meet any specified performance outcomes; or

21 (B) award financial incentives to the contractor  
22 for exceeding any specified performance outcomes;

23 (4) require the contractor to give preference for  
24 employment to employees of the department:

25 (A) whose position at the department is impacted  
26 by the implementation of community-based care; and

27 (B) who are considered by the department to be

1 employees in good standing;

2 (5) require the contractor to provide preliminary and  
3 ongoing community engagement plans to ensure communication and  
4 collaboration with local stakeholders in the catchment area,  
5 including any of the following:

6 (A) community faith-based entities;

7 (B) the judiciary;

8 (C) court-appointed special advocates;

9 (D) child advocacy centers;

10 (E) service providers;

11 (F) foster families;

12 (G) biological parents;

13 (H) foster youth and former foster youth;

14 (I) relative or kinship caregivers;

15 (J) child welfare boards, if applicable;

16 (K) attorneys ad litem;

17 (L) attorneys that represent parents involved in  
18 suits filed by the department; and

19 (M) any other stakeholders, as determined by the  
20 contractor; and

21 (6) require that the contractor comply with any  
22 applicable court order issued by a court of competent jurisdiction  
23 in the case of a child for whom the contractor has assumed case  
24 management responsibilities or an order imposing a requirement on  
25 the department that relates to functions assumed by the contractor.

26 Sec. 264.155. READINESS REVIEW PROCESS FOR COMMUNITY-BASED  
27 CARE CONTRACTOR. (a) The department shall develop a formal review

1 process to assess the ability of a single source continuum  
2 contractor to satisfy the responsibilities and administrative  
3 requirements of delivering foster care services and services for  
4 relative and kinship caregivers, including the contractor's  
5 ability to provide:

6 (1) case management services for children and  
7 families;

8 (2) evidence-based, promising practice, or  
9 evidence-informed supports for children and families; and

10 (3) sufficient available capacity for inpatient and  
11 outpatient services and supports for children at all service levels  
12 who have previously been placed in the catchment area.

13 (b) As part of the readiness review process, the single  
14 source continuum contractor must prepare a plan detailing the  
15 methods by which the contractor will avoid or eliminate conflicts  
16 of interest. The department may not transfer services to the  
17 contractor until the department has determined the plan is  
18 adequate.

19 (c) The department and commission must develop the review  
20 process under Subsection (a) before the department may expand  
21 community-based care outside of the initial catchment areas where  
22 community-based care has been implemented.

23 (d) If after conducting the review process developed under  
24 Subsection (a) the department determines that a single source  
25 continuum contractor is able to adequately deliver foster care  
26 services and services for relative and kinship caregivers in  
27 advance of the projected dates stated in the timeline included in

1 the contract with the contractor, the department may adjust the  
2 timeline to allow for an earlier transition of service delivery to  
3 the contractor.

4 Sec. 264.156. TRANSFER OF CASE MANAGEMENT SERVICES TO  
5 SINGLE SOURCE CONTINUUM CONTRACTOR. (a) In each initial catchment  
6 area where community-based care has been implemented or a contract  
7 with a single source continuum contractor has been executed before  
8 September 1, 2017, the department shall transfer to the single  
9 source continuum contractor providing foster care services in that  
10 area:

11 (1) the case management of children, relative and  
12 kinship caregivers, and families receiving services from that  
13 contractor; and

14 (2) family reunification support services to be  
15 provided after a child receiving services from the contractor is  
16 returned to the child's family for the period of time ordered by the  
17 court.

18 (b) The commission shall include a provision in a contract  
19 with a single source continuum contractor to provide foster care  
20 services and services for relative and kinship caregivers in a  
21 catchment area to which community-based care is expanded after  
22 September 1, 2017, that requires the transfer to the contractor of  
23 the provision of:

24 (1) the case management services for children,  
25 relative and kinship caregivers, and families in the catchment area  
26 where the contractor will be operating; and

27 (2) family reunification support services to be

1 provided for six months after a child receiving services from the  
2 contractor is returned to the child's family.

3 (c) The department shall collaborate with a single source  
4 continuum contractor to establish an initial case transfer planning  
5 team to:

6 (1) address any necessary data transfer;

7 (2) establish file transfer procedures; and

8 (3) notify relevant persons regarding the transfer of  
9 services to the contractor.

10 Sec. 264.157. LIABILITY INSURANCE REQUIREMENTS. A single  
11 source continuum contractor and any subcontractor of the single  
12 source continuum contractor providing community-based care  
13 services shall maintain minimum insurance coverage, as required in  
14 the contract with the department, to minimize the risk of  
15 insolvency and protect against damages. The executive commissioner  
16 may adopt rules to implement this section.

17 Sec. 264.158. STATUTORY DUTIES ASSUMED BY CONTRACTOR.  
18 Except as provided by Section 264.159, a single source continuum  
19 contractor providing foster care services and services for relative  
20 and kinship caregivers in a catchment area must, either directly or  
21 through subcontractors, assume the statutory duties of the  
22 department in connection with the delivery of foster care services  
23 and services for relative and kinship caregivers in that catchment  
24 area.

25 Sec. 264.159. CONTINUING DUTIES OF DEPARTMENT. In a  
26 catchment area in which a single source continuum contractor is  
27 providing family- or community-based care services, legal

1 representation of the department in an action under this code shall  
2 be provided in accordance with Section 264.009.

3 Sec. 264.160. CONFIDENTIALITY. (a) The records of a  
4 single source continuum contractor relating to the provision of  
5 community-based care services in a catchment area are subject to  
6 Chapter 552, Government Code, in the same manner as the records of  
7 the department are subject to that chapter.

8 (b) Subchapter C, Chapter 261, regarding the  
9 confidentiality of certain case information, applies to the records  
10 of a single source continuum contractor in relation to the  
11 provision of services by the contractor.

12 Sec. 264.161. NOTICE REQUIRED FOR EARLY TERMINATION OF  
13 CONTRACT. (a) A single source continuum contractor may terminate  
14 a contract entered into under this subchapter by providing written  
15 notice to the commission of the contractor's intent to terminate  
16 the contract not later than the 90th day before the date of the  
17 termination.

18 (b) In each catchment area in which community-based care is  
19 implemented, the department shall create a contingency plan to  
20 ensure the continuity of services for children and families in the  
21 catchment area in the event of an early termination of the contract  
22 with the single source continuum contractor providing foster care  
23 services in that catchment area.

24 (c) To support each contingency plan, the single source  
25 continuum contractor providing foster care services in that  
26 catchment area, subject to approval by the department, shall  
27 develop a transfer plan to ensure the continuity of services for

1 children and families in the catchment area in the event of an early  
2 termination of the contract with the department. The contractor  
3 shall submit an updated transfer plan each year and six months  
4 before the end of the contract period, including any extension. The  
5 department is not limited or restricted in requiring additional  
6 information from the contractor or requiring the contractor to  
7 modify the transfer plan as necessary.

8 Sec. 264.162. ATTORNEY-CLIENT PRIVILEGE. An employee,  
9 agent, or representative of a single source continuum contractor is  
10 considered to be a client's representative of the department for  
11 purposes of the privilege under Rule 503, Texas Rules of Evidence,  
12 as that privilege applies to communications with a prosecuting  
13 attorney or other attorney representing the department, or the  
14 attorney's representatives, in a proceeding under this subtitle.

15 Sec. 264.163. REVIEW OF CONTRACTOR DECISIONS BY DEPARTMENT.

16 (a) Notwithstanding any other provision of this subchapter  
17 governing the transfer of case management authority to a single  
18 source continuum contractor, the department may review, approve, or  
19 disapprove a contractor's decision with respect to a child's  
20 permanency goal.

21 (b) Subsection (a) may not be construed to limit or restrict  
22 the authority of the department to include necessary oversight  
23 measures and review processes to maintain compliance with federal  
24 and state requirements in a contract with a single source continuum  
25 contractor.

26 (c) The department shall develop an internal dispute  
27 resolution process to decide disagreements between a single source

1 continuum contractor and the department.

2 Sec. 264.164. PILOT PROGRAM FOR FAMILY-BASED SAFETY  
3 SERVICES. (a) In this section, "case management services" means  
4 the direct delivery and coordination of a network of formal and  
5 informal activities and services in a catchment area where the  
6 department has entered into, or is in the process of entering into,  
7 a contract with a single source continuum contractor to provide  
8 family-based safety services and case management and includes:

9 (1) caseworker visits with the child and all  
10 caregivers;

11 (2) family visits;

12 (3) family group conferencing or family group  
13 decision-making;

14 (4) development of the family plan of service;

15 (5) monitoring, developing, securing, and  
16 coordinating services;

17 (6) evaluating the progress of children, caregivers,  
18 and families receiving services;

19 (7) assuring that the rights of children, caregivers,  
20 and families receiving services are protected;

21 (8) duties relating to family-based safety services  
22 ordered by a court, including:

23 (A) providing any required notifications or  
24 consultations;

25 (B) preparing court reports;

26 (C) attending judicial hearings, trials, and  
27 mediations;

1           (D) complying with applicable court orders; and

2           (E) ensuring the child is progressing toward the  
3 goal of permanency within state and federally mandated guidelines;  
4 and

5           (9) any other function or service that the department  
6 determines is necessary to allow a single source continuum  
7 contractor to assume responsibility for case management.

8           (b) The department shall develop and implement in two child  
9 protective services regions of the state a pilot program under  
10 which the commission contracts with a single nonprofit entity that  
11 has an organizational mission focused on child welfare or a  
12 governmental entity in each region to provide family-based safety  
13 services and case management for children and families receiving  
14 family-based safety services. The contract must include a  
15 transition plan for the provision of services that ensures the  
16 continuity of services for children and families in the selected  
17 regions.

18           (c) The contract with an entity must include  
19 performance-based provisions that require the entity to achieve the  
20 following outcomes for families receiving services from the entity:

21                   (1) a decrease in recidivism;

22                   (2) an increase in protective factors; and

23                   (3) any other performance-based outcome specified by  
24 the department.

25           (d) The commission may only contract for implementation of  
26 the pilot program with entities that the department considers to  
27 have the capacity to provide, either directly or through

1 subcontractors, an array of evidence-based, promising practice, or  
2 evidence-informed services and support programs to children and  
3 families in the selected child protective services regions.

4 (e) The contracted entity must perform all statutory duties  
5 of the department in connection with the delivery of the services  
6 specified in Subsection (b).

7 (f) Not later than December 31, 2018, the department shall  
8 report to the appropriate standing committees of the legislature  
9 having jurisdiction over child protective services and foster care  
10 matters on the progress of the pilot program. The report must  
11 include:

12 (1) an evaluation of each contracted entity's success  
13 in achieving the outcomes described by Subsection (c); and

14 (2) a recommendation as to whether the pilot program  
15 should be continued, expanded, or terminated.

16 (b) Section 264.126, Family Code, is transferred to  
17 Subchapter B-1, Chapter 264, Family Code, as added by this section,  
18 redesignated as Section 264.152, Family Code, and amended to read  
19 as follows:

20 Sec. 264.152 [264.126]. COMMUNITY-BASED CARE [REDESIGN]  
21 IMPLEMENTATION PLAN. (a) The department shall develop and  
22 maintain a plan for implementing community-based [~~the foster~~] care  
23 [~~redesign required by Chapter 598 (S.B. 218), Acts of the 82nd~~  
24 ~~Legislature, Regular Session, 2011~~]. The plan must:

25 (1) describe the department's expectations, goals, and  
26 approach to implementing community-based [~~foster~~] care [~~redesign~~];

27 (2) include a timeline for implementing

1 community-based [~~the foster~~] care [~~redesign~~] throughout this  
2 state, any limitations related to the implementation, and a  
3 progressive intervention plan and a contingency plan to provide  
4 continuity of the delivery of foster care services and services for  
5 relative and kinship caregivers [~~service delivery~~] if a contract  
6 with a single source continuum contractor ends prematurely;

7 (3) delineate and define the case management roles and  
8 responsibilities of the department and the department's  
9 contractors and the duties, employees, and related funding that  
10 will be transferred to the contractor by the department;

11 (4) identify any training needs and include long-range  
12 and continuous plans for training and cross-training staff,  
13 including plans to train caseworkers using the standardized  
14 curriculum created by the human trafficking prevention task force  
15 under Section 402.035(d)(6), Government Code, as that section  
16 existed on August 31, 2017;

17 (5) include a plan for evaluating the costs and tasks  
18 associated with each contract procurement, including the initial  
19 and ongoing contract costs for the department and contractor;

20 (6) include the department's contract monitoring  
21 approach and a plan for evaluating the performance of each  
22 contractor and the community-based [~~foster~~] care [~~redesign~~] system  
23 as a whole that includes an independent evaluation of processes and  
24 outcomes; and

25 (7) include a report on transition issues resulting  
26 from implementation of community-based [~~the foster~~] care  
27 [~~redesign~~].

1 (b) The department shall annually:

2 (1) update the implementation plan developed under  
3 this section and post the updated plan on the department's Internet  
4 website; and

5 (2) post on the department's Internet website the  
6 progress the department has made toward its goals for implementing  
7 community-based [~~the foster~~] care [~~redesign~~].

8 (c) Section 264.153, Family Code, as added by this section,  
9 applies only to a contract entered into with a single source  
10 continuum contractor on or after the effective date of this  
11 section.

12 SECTION 13. Subchapter A, Chapter 265, Family Code, is  
13 amended by adding Sections 265.0041, 265.0042, 265.0043, and  
14 265.0044 to read as follows:

15 Sec. 265.0041. GEOGRAPHIC RISK MAPPING FOR PREVENTION AND  
16 EARLY INTERVENTION SERVICES. (a) The department shall use risk  
17 terrain modeling systems, predictive analytic systems, or  
18 geographic risk assessments or shall develop a system or assessment  
19 under Subsection (c) to:

20 (1) identify geographic areas that have high risk  
21 indicators of child maltreatment and child fatalities resulting  
22 from abuse or neglect; and

23 (2) target the implementation and use of prevention  
24 and early intervention services to those geographic areas.

25 (b) The department may not use data gathered under this  
26 section to identify a specific family or individual.

27 (c) The Health and Human Services Commission, on behalf of

1 the department, may enter into agreements with institutions of  
2 higher education to develop or adapt, in coordination with the  
3 department, a risk terrain modeling system, a predictive analytic  
4 system, or a geographic risk assessment to be used for purposes of  
5 this section.

6 Sec. 265.0042. COLLABORATION WITH INSTITUTIONS OF HIGHER  
7 EDUCATION. (a) Subject to the availability of funds, the Health  
8 and Human Services Commission, on behalf of the department, shall  
9 enter into agreements with institutions of higher education to  
10 conduct efficacy reviews of any prevention and early intervention  
11 programs that have not previously been evaluated for effectiveness  
12 through a scientific research evaluation process.

13 (b) Subject to the availability of funds, the department  
14 shall collaborate with an institution of higher education to create  
15 and track indicators of child well-being to determine the  
16 effectiveness of prevention and early intervention services.

17 Sec. 265.0043. INTERAGENCY SHARING OF DATA FOR RISK TERRAIN  
18 MODELING. (a) Notwithstanding any other provision of law, state  
19 agencies, including the Texas Education Agency, the Texas Juvenile  
20 Justice Department, and the Department of Public Safety, shall  
21 disclose information related to child abuse or neglect only to the  
22 prevention and early intervention services division of the  
23 department for the purpose of implementing Section 265.0041.

24 (b) The prevention and early intervention services division  
25 may not disclose information received under this section to any  
26 other state agency or division of the department.

27 Sec. 265.0044. ETHICAL GUIDELINES. The executive

1 commissioner of the Health and Human Services Commission shall  
2 develop guidelines regarding:

3 (1) the type of risk terrain modeling data to be  
4 collected by the department and the acceptable uses of the data; and

5 (2) the methods for sharing final geographic risk maps  
6 with external prevention services providers.

7 SECTION 14. Section 265.005(b), Family Code, is amended to  
8 read as follows:

9 (b) A strategic plan required under this section must:

10 (1) identify methods to leverage other sources of  
11 funding or provide support for existing community-based prevention  
12 efforts;

13 (2) include a needs assessment that identifies  
14 programs to best target the needs of the highest risk populations  
15 and geographic areas;

16 (3) identify the goals and priorities for the  
17 department's overall prevention efforts;

18 (4) report the results of previous prevention efforts  
19 using available information in the plan;

20 (5) identify additional methods of measuring program  
21 effectiveness and results or outcomes;

22 (6) identify methods to collaborate with other state  
23 agencies on prevention efforts; ~~and~~

24 (7) identify specific strategies to implement the plan  
25 and to develop measures for reporting on the overall progress  
26 toward the plan's goals; and

27 (8) identify specific strategies to increase local

1 capacity for the delivery of prevention and early intervention  
2 services through collaboration with communities and stakeholders.

3 SECTION 15. Section 266.012, Family Code, is amended by  
4 adding Subsection (c) to read as follows:

5 (c) A single source continuum contractor under Subchapter  
6 B-1, Chapter 264, providing therapeutic foster care services to a  
7 child shall ensure that the child receives a comprehensive  
8 assessment under this section at least once every 90 days.

9 SECTION 16. (a) Section 531.02013, Government Code, is  
10 amended to read as follows:

11 Sec. 531.02013. FUNCTIONS REMAINING WITH CERTAIN AGENCIES.  
12 The following functions are not subject to transfer under Sections  
13 531.0201 and 531.02011:

14 (1) the functions of the Department of Family and  
15 Protective Services, including the statewide intake of reports and  
16 other information, related to the following:

17 (A) child protective services, including  
18 services that are required by federal law to be provided by this  
19 state's child welfare agency;

20 (B) adult protective services, other than  
21 investigations of the alleged abuse, neglect, or exploitation of an  
22 elderly person or person with a disability:

23 (i) in a facility operated, or in a facility  
24 or by a person licensed, certified, or registered, by a state  
25 agency; or

26 (ii) by a provider that has contracted to  
27 provide home and community-based services; [~~and~~]

1 (C) prevention and early intervention services;  
2 and

3 (D) investigations of alleged abuse, neglect, or  
4 exploitation occurring at a child-care facility, as that term is  
5 defined in Section 40.042, Human Resources Code; and

6 (2) the public health functions of the Department of  
7 State Health Services, including health care data collection and  
8 maintenance of the Texas Health Care Information Collection  
9 program.

10 (b) Notwithstanding any provision of Subchapter A-1,  
11 Chapter 531, Government Code, or any other law, the responsibility  
12 for conducting investigations of reports of abuse, neglect, or  
13 exploitation occurring at a child-care facility, as that term is  
14 defined in Section 40.042, Human Resources Code, as added by this  
15 Act, may not be transferred to the Health and Human Services  
16 Commission and remains the responsibility of the Department of  
17 Family and Protective Services.

18 (c) As soon as possible after the effective date of this  
19 section, the commissioner of the Department of Family and  
20 Protective Services shall transfer the responsibility for  
21 conducting investigations of reports of abuse, neglect, or  
22 exploitation occurring at a child-care facility, as that term is  
23 defined in Section 40.042, Human Resources Code, as added by this  
24 Act, to the child protective services division of the department.  
25 The commissioner shall transfer appropriate investigators and  
26 staff as necessary to implement this section.

27 (d) This section takes effect immediately if this Act

1 receives a vote of two-thirds of all the members of each house, as  
2 provided by Section 39, Article III, Texas Constitution. If this  
3 Act does not receive the vote necessary for this section to take  
4 immediate effect, this section takes effect on the 91st day after  
5 the last day of the legislative session.

6 SECTION 17. (a) Subchapter A, Chapter 533, Government  
7 Code, is amended by adding Section 533.0054 to read as follows:

8 Sec. 533.0054. HEALTH SCREENING REQUIREMENTS FOR ENROLLEE  
9 UNDER STAR HEALTH PROGRAM. (a) A managed care organization that  
10 contracts with the commission to provide health care services to  
11 recipients under the STAR Health program must ensure that enrollees  
12 receive a complete early and periodic screening, diagnosis, and  
13 treatment checkup in accordance with the requirements specified in  
14 the contract between the managed care organization and the  
15 commission.

16 (b) The commission shall include a provision in a contract  
17 with a managed care organization to provide health care services to  
18 recipients under the STAR Health program specifying progressive  
19 monetary penalties for the organization's failure to comply with  
20 Subsection (a).

21 (b) The Health and Human Services Commission shall, in a  
22 contract for the provision of health care services under the STAR  
23 Health program between the commission and a managed care  
24 organization under Chapter 533, Government Code, that is entered  
25 into, renewed, or extended on or after the effective date of this  
26 section, require that the managed care organization comply with  
27 Section 533.0054, Government Code, as added by this section.

1 (c) The Health and Human Services Commission may not impose  
2 a monetary penalty for noncompliance with a contract provision  
3 described by Section 533.0054(b), Government Code, as added by this  
4 section, until September 1, 2018.

5 (d) If before implementing Section 533.0054, Government  
6 Code, as added by this section, the Health and Human Services  
7 Commission determines that a waiver or authorization from a federal  
8 agency is necessary for implementation of that provision, the  
9 agency affected by the provision shall request the waiver or  
10 authorization and may delay implementing that provision until the  
11 waiver or authorization is granted.

12 SECTION 18. (a) Subchapter A, Chapter 533, Government  
13 Code, is amended by adding Section 533.0056 to read as follows:

14 Sec. 533.0056. STAR HEALTH PROGRAM: NOTIFICATION OF  
15 PLACEMENT CHANGE. A contract between a managed care organization  
16 and the commission for the organization to provide health care  
17 services to recipients under the STAR Health program must require  
18 the organization to ensure continuity of care for a child whose  
19 placement has changed by:

20 (1) notifying each specialist treating the child of  
21 the placement change; and

22 (2) coordinating the transition of care from the  
23 child's previous treating primary care physician and treating  
24 specialists to the child's new treating primary care physician and  
25 treating specialists, if any.

26 (b) The changes in law made by this section apply only to a  
27 contract for the provision of health care services under the STAR

1 Health program between the Health and Human Services Commission and  
2 a managed care organization under Chapter 533, Government Code,  
3 that is entered into, renewed, or extended on or after the effective  
4 date of this section.

5 (c) If before implementing Section 533.0056, Government  
6 Code, as added by this section, the Health and Human Services  
7 Commission determines that a waiver or authorization from a federal  
8 agency is necessary for implementation of that provision, the  
9 health and human services agency affected by the provision shall  
10 request the waiver or authorization and may delay implementing that  
11 provision until the waiver or authorization is granted.

12 SECTION 19. (a) Subchapter B, Chapter 40, Human Resources  
13 Code, is amended by adding Sections 40.039, 40.040, 40.041, and  
14 40.042 to read as follows:

15 Sec. 40.039. REVIEW OF RECORDS RETENTION POLICY. The  
16 department shall periodically review the department's records  
17 retention policy with respect to case and intake records relating  
18 to department functions. The department shall make changes to the  
19 policy consistent with the records retention schedule submitted  
20 under Section 441.185, Government Code, that are necessary to  
21 improve case prioritization and the routing of cases to the  
22 appropriate division of the department. The department may adopt  
23 rules necessary to implement this section.

24 Sec. 40.040. CASE MANAGEMENT VENDOR QUALITY OVERSIGHT AND  
25 ASSURANCE DIVISION; MONITORING OF CONTRACT ADHERENCE. (a) In this  
26 section, "case management," "catchment area," and "community-based  
27 care" have the meanings assigned by Section 264.151, Family Code.

1       (b) The department shall create within the department the  
2 case management services vendor quality oversight and assurance  
3 division. The division shall:

4           (1) oversee quality and ensure accountability of any  
5 vendor that provides community-based care and full case management  
6 services for the department under community-based care; and

7           (2) monitor the transfer from the department to a  
8 vendor of full case management services for children and families  
9 receiving services from the vendor, including any transfer  
10 occurring under a pilot program.

11       (c) The commission shall contract with an outside vendor  
12 with expertise in quality assurance to develop, in coordination  
13 with the department, a contract monitoring system and standards for  
14 the continuous monitoring of the adherence of a vendor providing  
15 foster care services under community-based care to the terms of the  
16 contract entered into by the vendor and the commission. The  
17 standards must include performance benchmarks relating to the  
18 provision of case management services in the catchment area where  
19 the vendor operates.

20       (d) The division shall collect and analyze data comparing  
21 outcomes on performance measures between catchment areas where  
22 community-based care has been implemented and regions where  
23 community-based care has not been implemented.

24       Sec. 40.041. OFFICE OF DATA ANALYTICS. The department  
25 shall create an office of data analytics. The office shall report  
26 to the deputy commissioner and may perform any of the following  
27 functions, as determined by the department:

- 1           (1) monitor management trends;
- 2           (2) analyze employee exit surveys and interviews;
- 3           (3) evaluate the effectiveness of employee retention  
4 efforts, including merit pay;
- 5           (4) create and manage a system for handling employee  
6 complaints submitted by the employee outside of an employee's  
7 direct chain of command, including anonymous complaints;
- 8           (5) monitor and provide reports to department  
9 management personnel on:
  - 10           (A) employee complaint data and trends in  
11 employee complaints;
  - 12           (B) compliance with annual department  
13 performance evaluation requirements; and
  - 14           (C) the department's use of positive performance  
15 levels for employees;
- 16           (6) track employee tenure and internal employee  
17 transfers within both the child protective services division and  
18 the department;
- 19           (7) use data analytics to predict workforce shortages  
20 and identify areas of the department with high rates of employee  
21 turnover, and develop a process to inform the deputy commissioner  
22 and other appropriate staff regarding the office's findings;
- 23           (8) create and monitor reports on key metrics of  
24 agency performance;
- 25           (9) analyze available data, including data on employee  
26 training, for historical and predictive department trends; and
- 27           (10) conduct any other data analysis the department

1 determines to be appropriate for improving performance, meeting the  
2 department's current business needs, or fulfilling the powers and  
3 duties of the department.

4 Sec. 40.042. INVESTIGATIONS OF CHILD ABUSE, NEGLECT, AND  
5 EXPLOITATION. (a) In this section, "child-care facility"  
6 includes a facility, licensed or unlicensed child-care facility,  
7 family home, residential child-care facility, employer-based  
8 day-care facility, or shelter day-care facility, as those terms are  
9 defined in Chapter 42, Human Resources Code.

10 (b) For all investigations of child abuse or neglect  
11 conducted by the child protective services division of the  
12 department, the department shall adopt the definitions of abuse and  
13 neglect provided in Section 261.001, Family Code.

14 (c) For all investigations of child exploitation conducted  
15 by the child protective services division of the department, the  
16 department shall adopt the definition of exploitation provided in  
17 Section 261.401, Family Code.

18 (d) The department shall establish standardized policies to  
19 be used during investigations.

20 (e) The commissioner shall establish units within the child  
21 protective services division of the department to specialize in  
22 investigating allegations of child abuse and neglect occurring at a  
23 child-care facility.

24 (f) The department may require that investigators who  
25 specialize in allegations of child abuse and neglect occurring at  
26 child-care facilities receive ongoing training on the minimum  
27 licensing standards for any facilities that are applicable to the

1 investigator's specialization.

2 (g) After an investigation of abuse, neglect, or  
3 exploitation occurring at a child-care facility, the department  
4 shall provide the state agency responsible for regulating the  
5 facility with access to any information relating to the  
6 department's investigation. Providing access to confidential  
7 information under this subsection does not constitute a waiver of  
8 confidentiality.

9 (h) The department may adopt rules to implement this  
10 section.

11 (b) As soon as possible after the effective date of this  
12 Act, the commissioner of the Department of Family and Protective  
13 Services shall establish the office of data analytics required by  
14 Section 40.041, Human Resources Code, as added by this section. The  
15 commissioner and the executive commissioner of the Health and Human  
16 Services Commission shall transfer appropriate staff as necessary  
17 to conduct the duties of the office.

18 (c) The Department of Family and Protective Services must  
19 implement the standardized definitions and policies required under  
20 Sections 40.042(b), (c), and (d), Human Resources Code, as added by  
21 this Act, not later than December 1, 2017.

22 SECTION 20. Section 40.051, Human Resources Code, is  
23 amended to read as follows:

24 Sec. 40.051. STRATEGIC PLAN FOR DEPARTMENT. The department  
25 shall develop a departmental strategic plan based on the goals and  
26 priorities stated in the commission's coordinated strategic plan  
27 for health and human services. The department shall also develop

1 its plan based on:

2 (1) furthering the policy of family preservation;

3 (2) the goal of ending the abuse and neglect of  
4 children in the conservatorship of the department; and

5 (3) the goal of increasing the capacity and  
6 availability of foster, relative, and kinship placements in this  
7 state.

8 SECTION 21. (a) Section 40.058(f), Human Resources Code,  
9 is amended to read as follows:

10 (f) A contract for residential child-care services provided  
11 by a general residential operation or by a child-placing agency  
12 must include provisions that:

13 (1) enable the department and commission to monitor  
14 the effectiveness of the services;

15 (2) specify performance outcomes, financial penalties  
16 for failing to meet any specified performance outcomes, and  
17 financial incentives for exceeding any specified performance  
18 outcomes;

19 (3) authorize the department or commission to  
20 terminate the contract or impose monetary sanctions for a violation  
21 of a provision of the contract that specifies performance criteria  
22 or for underperformance in meeting any specified performance  
23 outcomes;

24 (4) authorize the department or commission, an agent  
25 of the department or commission, and the state auditor to inspect  
26 all books, records, and files maintained by a contractor relating  
27 to the contract; and

1           (5) are necessary, as determined by the department or  
2 commission, to ensure accountability for the delivery of services  
3 and for the expenditure of public funds.

4           (b) The Health and Human Services Commission shall, in a  
5 contract for residential child-care services between the  
6 commission and a general residential operation or child-placing  
7 agency that is entered into on or after the effective date of this  
8 section, including a renewal contract, include the provisions  
9 required by Section 40.058(f), Human Resources Code, as amended by  
10 this section.

11           (c) The Health and Human Services Commission shall seek to  
12 amend contracts for residential child-care services entered into  
13 with general residential operations or child-placing agencies  
14 before the effective date of this section to include the provisions  
15 required by Section 40.058(f), Human Resources Code, as amended by  
16 this section.

17           (d) The Department of Family and Protective Services and the  
18 Health and Human Services Commission may not impose a financial  
19 penalty against a general residential operation or child-placing  
20 agency under a contract provision described by Section 40.058(f)(2)  
21 or (3), Human Resources Code, as amended by this section, until  
22 September 1, 2018.

23           SECTION 22. (a) Subchapter C, Chapter 40, Human Resources  
24 Code, is amended by adding Section 40.0581 to read as follows:

25           Sec. 40.0581. PERFORMANCE MEASURES FOR CERTAIN SERVICE  
26 PROVIDER CONTRACTS. (a) The commission, in collaboration with the  
27 department, shall contract with a vendor or enter into an agreement

1 with an institution of higher education to develop, in coordination  
2 with the department, performance quality metrics for family-based  
3 safety services and post-adoption support services providers. The  
4 quality metrics must be included in each contract with those  
5 providers.

6 (b) Each provider whose contract with the commission to  
7 provide department services includes the quality metrics developed  
8 under Subsection (a) must prepare and submit to the department a  
9 report each calendar quarter regarding the provider's performance  
10 based on the quality metrics.

11 (c) The commissioner shall compile a summary of all reports  
12 prepared and submitted to the department by family-based safety  
13 services providers as required by Subsection (b) and distribute the  
14 summary to appropriate family-based safety services caseworkers  
15 and child protective services region management once each calendar  
16 quarter.

17 (d) The commissioner shall compile a summary of all reports  
18 prepared and submitted to the department by post-adoption support  
19 services providers as required by Subsection (b) and distribute the  
20 summary to appropriate conservatorship and adoption caseworkers  
21 and child protective services region management.

22 (e) The department shall make the summaries prepared under  
23 Subsections (c) and (d) available to families that are receiving  
24 family-based safety services and to adoptive families.

25 (f) This section does not apply to a provider that has  
26 entered into a contract with the commission to provide family-based  
27 safety services under Section 264.164, Family Code.

1 (b) The quality metrics required by Section 40.0581, Human  
2 Resources Code, as added by this section, must be developed not  
3 later than September 1, 2018, and included in any contract,  
4 including a renewal contract, entered into by the Health and Human  
5 Services Commission with a family-based safety services provider or  
6 a post-adoption support services provider on or after January 1,  
7 2019, except as provided by Section 40.0581(f), Human Resources  
8 Code, as added by this section.

9 SECTION 23. (a) Subchapter C, Chapter 42, Human Resources  
10 Code, is amended by adding Section 42.0432 to read as follows:

11 Sec. 42.0432. HEALTH SCREENING REQUIREMENTS FOR CHILD  
12 PLACED WITH CHILD-PLACING AGENCY. (a) A child-placing agency or  
13 general residential operation that contracts with the department to  
14 provide services must ensure that the children that are in the  
15 managing conservatorship of the department and are placed with the  
16 child-placing agency or general residential operation receive a  
17 complete early and periodic screening, diagnosis, and treatment  
18 checkup in accordance with the requirements specified in the  
19 contract between the child-placing agency or general residential  
20 operation and the department.

21 (b) The commission shall include a provision in a contract  
22 with a child-placing agency or general residential operation  
23 specifying progressive monetary penalties for the child-placing  
24 agency's or general residential operation's failure to comply with  
25 Subsection (a).

26 (b) A child-placing agency or general residential operation  
27 that contracts to provide services for the Department of Family and

1 Protective Services must comply with the requirements of Section  
2 42.0432, Human Resources Code, as added by this section, not later  
3 than August 31, 2018. The department and the Health and Human  
4 Services Commission may not impose a monetary penalty for  
5 noncompliance with a contract provision described by that section  
6 until September 1, 2018.

7 SECTION 24. The changes in law made by this Act to Section  
8 263.401, Family Code, apply only to a suit affecting the  
9 parent-child relationship filed on or after the effective date of  
10 this Act. A suit affecting the parent-child relationship filed  
11 before the effective date of this Act is governed by the law in  
12 effect on the date the suit was filed, and the former law is  
13 continued in effect for that purpose.

14 SECTION 25. Except as otherwise provided by this Act, this  
15 Act takes effect September 1, 2017.