

By: Schwertner, et al.
(Frank)

S.B. No. 11

Substitute the following for S.B. No. 11:

By: Frank

C.S.S.B. No. 11

A BILL TO BE ENTITLED

1 AN ACT
2 relating to the administration of services provided by the
3 Department of Family and Protective Services, including foster
4 care, child protective services, and prevention and early
5 intervention services.

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

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

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

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

16 (2) abuse, as that term is defined by Sections
17 261.001(1)(C), (E), (G), (H), (I), (J), ~~and~~ (K), and (M), by a
18 member of a family or household toward a child of the family or
19 household; or

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

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

24 (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, Family Code, is amended by
14 amending Subdivisions (1), (4), and (5) and adding Subdivision (3)
15 to read as follows:

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

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

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

25 (C) physical injury that results in substantial
26 harm to the child, or the genuine threat of substantial harm from
27 physical injury to the child, including an injury that is at

1 variance with the history or explanation given and excluding an
2 accident or reasonable discipline by a parent, guardian, or
3 managing or possessory conservator that does not expose the child
4 to a substantial risk of harm;

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

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

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

17 (G) compelling or encouraging the child to engage
18 in sexual conduct as defined by Section 43.01, Penal Code,
19 including compelling or encouraging the child in a manner that
20 constitutes an offense of trafficking of persons under Section
21 20A.02(a)(7) or (8), Penal Code, prostitution under Section
22 43.02(b), Penal Code, or compelling prostitution under Section
23 43.05(a)(2), Penal Code;

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

1 Section 43.21, Penal Code, or pornographic;

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

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

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

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

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

20 (3) "Exploitation" means the illegal or improper use
21 of a child or of the resources of a child for monetary or personal
22 benefit, profit, or gain by an employee, volunteer, or other
23 individual working under the auspices of a facility or program as
24 further described by rule or policy.

25 (4) "Neglect":

26 (A) includes:

27 (i) the leaving of a child in a situation

1 where the child would be exposed to a substantial risk of physical
2 or mental harm, without arranging for necessary care for the child,
3 and the demonstration of an intent not to return by a parent,
4 guardian, or managing or possessory conservator of the child;

5 (ii) the following acts or omissions by a
6 person:

7 (a) placing a child in or failing to
8 remove a child from a situation that a reasonable person would
9 realize requires judgment or actions beyond the child's level of
10 maturity, physical condition, or mental abilities and that results
11 in bodily injury or a substantial risk of immediate harm to the
12 child;

13 (b) failing to seek, obtain, or follow
14 through with medical care for a child, with the failure resulting in
15 or presenting a substantial risk of death, disfigurement, or bodily
16 injury or with the failure resulting in an observable and material
17 impairment to the growth, development, or functioning of the child;

18 (c) the failure to provide a child
19 with food, clothing, or shelter necessary to sustain the life or
20 health of the child, excluding failure caused primarily by
21 financial inability unless relief services had been offered and
22 refused;

23 (d) placing a child in or failing to
24 remove the child from a situation in which the child would be
25 exposed to a substantial risk of sexual conduct harmful to the
26 child; or

27 (e) placing a child in or failing to

1 remove the child from a situation in which the child would be
2 exposed to acts or omissions that constitute abuse under
3 Subdivision (1)(E), (F), (G), (H), or (K) committed against another
4 child; ~~or~~

5 (iii) the failure by the person responsible
6 for a child's care, custody, or welfare to permit the child to
7 return to the child's home without arranging for the necessary care
8 for the child after the child has been absent from the home for any
9 reason, including having been in residential placement or having
10 run away; or

11 (iv) a negligent act or omission by an
12 employee, volunteer, or other individual working under the auspices
13 of a facility or program, including failure to comply with an
14 individual treatment plan, plan of care, or individualized service
15 plan, that causes or may cause substantial emotional harm or
16 physical injury to, or the death of, a child served by the facility
17 or program as further described by rule or policy; and

18 (B) does not include the refusal by a person
19 responsible for a child's care, custody, or welfare to permit the
20 child to remain in or return to the child's home resulting in the
21 placement of the child in the conservatorship of the department if:

22 (i) the child has a severe emotional
23 disturbance;

24 (ii) the person's refusal is based solely on
25 the person's inability to obtain mental health services necessary
26 to protect the safety and well-being of the child; and

27 (iii) the person has exhausted all

1 reasonable means available to the person to obtain the mental
2 health services described by Subparagraph (ii).

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

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

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

10 (C) a person with whom the child's parent
11 cohabits;

12 (D) school personnel or a volunteer at the
13 child's school; ~~or~~

14 (E) personnel or a volunteer at a public or
15 private child-care facility that provides services for the child or
16 at a public or private residential institution or facility where
17 the child resides; or

18 (F) an employee, volunteer, or other person
19 working under the supervision of a licensed or unlicensed
20 child-care facility, including a family home, residential
21 child-care facility, employer-based day-care facility, or shelter
22 day-care facility, as those terms are defined in Chapter 42, Human
23 Resources Code.

24 SECTION 6. Subchapter A, Chapter 261, Family Code, is
25 amended by adding Section 261.004 to read as follows:

26 Sec. 261.004. TRACKING OF RECURRENCE OF CHILD ABUSE OR
27 NEGLECT REPORTS. (a) The department shall collect and monitor

1 data regarding repeated reports of abuse or neglect:

2 (1) involving the same child, including reports of
3 abuse or neglect of the child made while the child resided in other
4 households and reports of abuse or neglect of the child by different
5 alleged perpetrators made while the child resided in the same
6 household; or

7 (2) by the same alleged perpetrator.

8 (a-1) In monitoring reports of abuse or neglect under
9 Subsection (a), the department shall group together separate
10 reports involving differing children residing in the same
11 household.

12 (b) The department shall consider any report collected
13 under Subsection (a) involving any child or adult who is a part of a
14 child's household when making case priority determinations or when
15 conducting service or safety planning for the child or the child's
16 family.

17 SECTION 7. Section 261.101(b), Family Code, is amended to
18 read as follows:

19 (b) If a professional has cause to believe that a child has
20 been abused or neglected or may be abused or neglected, or that a
21 child is a victim of an offense under Section 21.11, Penal Code, and
22 the professional has cause to believe that the child has been abused
23 as defined by Section 261.001 [~~or 261.401~~], the professional shall
24 make a report not later than the 48th hour after the hour the
25 professional first suspects that the child has been or may be abused
26 or neglected or is a victim of an offense under Section 21.11, Penal
27 Code. A professional may not delegate to or rely on another person

1 to make the report. In this subsection, "professional" means an
2 individual who is licensed or certified by the state or who is an
3 employee of a facility licensed, certified, or operated by the
4 state and who, in the normal course of official duties or duties for
5 which a license or certification is required, has direct contact
6 with children. The term includes teachers, nurses, doctors,
7 day-care employees, employees of a clinic or health care facility
8 that provides reproductive services, juvenile probation officers,
9 and juvenile detention or correctional officers.

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

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

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

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

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

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

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

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

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

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

27 (B) the appellate court remanded the case;

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

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

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

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

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

25 (d-2) In this subsection, "catchment area" has the meaning
26 assigned by Section 264.152. In a catchment area in which
27 community-based foster care has been implemented, the single source

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

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

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

17 (b) The department shall ensure that each child described by
18 Subsection (a) is examined and receives a mental health screening
19 conducted by a physician or other health care provider authorized
20 under state law to conduct medical examinations not later than the
21 end of:

22 (1) the third business day after the date the child
23 enters the conservatorship of the department; or

24 (2) the fifth business day after the date the child
25 enters the conservatorship of the department, if the child is
26 located in a rural area, as that term is defined by Section 845.002,
27 Insurance Code.

1 (c) Whenever possible, the department shall schedule the
2 medical examination and mental health screening for a child before
3 the last business day of the appropriate time frame provided under
4 Subsection (b).

5 (d) The department shall collaborate with the commission
6 and relevant medical practitioners to develop guidelines for the
7 medical examination and mental health screening conducted under
8 this section, including guidelines on the components to be included
9 in the examination and the screening.

10 (e) Not later than December 31, 2019, the department shall
11 submit a report to the standing committees of the house of
12 representatives and the senate with primary jurisdiction over child
13 protective services and foster care evaluating the statewide
14 implementation of the medical examination and mental health
15 screening required by this section. The report must include the
16 level of compliance with the requirements of this section in each
17 region of the state.

18 (b) Section 264.1076, Family Code, as added by this section,
19 applies only to a child who enters the conservatorship of the
20 Department of Family and Protective Services on or after the
21 effective date of this Act. A child who enters the conservatorship
22 of the Department of Family and Protective Services before the
23 effective date of this Act is governed by the law in effect on the
24 date the child entered the conservatorship of the department, and
25 the former law is continued in effect for that purpose.

26 (c) The Department of Family and Protective Services shall
27 implement Section 264.1076, Family Code, as added by this section,

1 not later than December 31, 2018.

2 SECTION 11. Section 264.124, Family Code, is amended by
3 adding Subsection (e) to read as follows:

4 (e) On receipt of the verification required under
5 Subsection (b), or as provided by Subsection (d), the department
6 shall provide monetary assistance to a foster parent for full-time
7 or part-time day-care services for a foster child. The department
8 may not deny monetary assistance to the foster parent as long as the
9 foster parent is employed on a full-time or part-time basis.

10 SECTION 12. (a) Subchapter B, Chapter 264, Family Code, is
11 amended by adding Sections 264.1261 and 264.128 to read as follows:

12 Sec. 264.1261. FOSTER CARE CAPACITY NEEDS PLAN. (a) In
13 this section, "community-based foster care" has the meaning
14 assigned by Section 264.152.

15 (b) Appropriate department management personnel from a
16 child protective services region in which community-based foster
17 care has not been implemented, in collaboration with foster care
18 providers, faith-based entities, and child advocates in that
19 region, shall use data collected by the department on foster care
20 capacity needs and availability of each type of foster care and
21 kinship placement in the region to create a plan to address the
22 substitute care capacity needs in the region. The plan must
23 identify both short-term and long-term goals and strategies for
24 addressing those capacity needs.

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

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

1 (2) updated annually.

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

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

6 (a) In this section, "community-based foster care" has the meaning
7 assigned by Section 264.152.

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

10 (1) collaborate with child-placing agencies to
11 implement the single child plan of service model developed under
12 the single child plan of service initiative; and

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

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

20 SECTION 13. (a) Chapter 264, Family Code, is amended by
21 adding Subchapter B-1 to read as follows:

22 SUBCHAPTER B-1. COMMUNITY-BASED FOSTER CARE

23 Sec. 264.151. LEGISLATIVE FINDINGS AND INTENT. (a) The
24 legislature finds that:

25 (1) for more than 30 years, the child welfare system in
26 Texas has been centralized and managed by statutes and rules that
27 impose a uniform system on communities statewide and ignore the

1 fundamental differences between regions;

2 (2) in order for the department to effectively provide
3 child welfare services, as required by state and federal law, the
4 department shall consider and implement fundamental structural
5 changes to the provision of child protective and welfare services;

6 (3) child welfare services that are community-based
7 and family-centered, are monitored by community stakeholders, and
8 have effective accountability standards regarding performance
9 outcomes and practices have been found to lead to better outcomes
10 for children who are victims of abuse and neglect; and

11 (4) community-based foster care would align outcomes
12 to assist the state in achieving the state's goal of substantial
13 gains regarding performance outcomes in child safety, permanency,
14 and well-being.

15 (b) It is the intent of the legislature that the department
16 contract with community-based, nonprofit entities that have the
17 ability to provide child welfare services. The services provided
18 by the entities must include direct case management to ensure child
19 safety, permanency, and well-being, in accordance with state and
20 federal child welfare goals.

21 (c) It is the intent of the legislature that the provision
22 of community-based foster care for children be implemented with
23 measurable goals relating to:

24 (1) the safety of children in placements;

25 (2) the placement of children in each child's home
26 community;

27 (3) the provision of services to children in the least

1 restrictive environment possible and, if possible, in a family home
2 environment;

3 (4) minimal placement changes for children;

4 (5) the maintenance of contact between children and
5 their families and other important persons;

6 (6) the placement of children with siblings;

7 (7) the provision of services that respect each
8 child's culture;

9 (8) the preparation of children and youth in foster
10 care for adulthood;

11 (9) the provision of opportunities, experiences, and
12 activities for children and youth in foster care that are available
13 to children and youth who are not in foster care;

14 (10) the participation by children and youth in making
15 decisions relating to their own lives;

16 (11) the reunification of children with the biological
17 parents of the children when possible; and

18 (12) the promotion of the placement of children with
19 relative or kinship caregivers if reunification is not possible.

20 Sec. 264.152. DEFINITIONS. In this subchapter:

21 (1) "Alternative caregiver" means a person who is not
22 the foster parent of the child and who provides temporary care for
23 the child for more than 12 hours but less than 60 days.

24 (2) "Case management" means the provision of case
25 management services to a child for whom the department has been
26 appointed temporary or permanent managing conservator or the
27 child's family, relative or kinship caregivers, a young adult in

1 extended foster care, or a child who has been placed in the
2 catchment area through the Interstate Compact on the Placement of
3 Children, and includes:

4 (A) caseworker visits with the child;
5 (B) family and caregiver visits;
6 (C) convening and conducting permanency planning
7 meetings;

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

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

13 (F) the assumption of court-related duties
14 regarding the child, including:

15 (i) providing any required notifications or
16 consultations;

17 (ii) preparing court reports;

18 (iii) attending judicial and permanency
19 hearings, trials, and mediations;

20 (iv) complying with applicable court
21 orders; and

22 (v) ensuring the child is progressing
23 toward the goal of permanency within state and federally mandated
24 guidelines; and

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

1 (3) "Catchment area" means a geographic service area
2 for providing child protective services that is identified as part
3 of the community-based foster care redesign.

4 (4) "Community-based foster care" means the
5 redesigned foster care services system required by Chapter 598
6 (S.B. 218), Acts of the 82nd Legislature, Regular Session, 2011.

7 Sec. 264.154. READINESS REVIEW PROCESS FOR COMMUNITY-BASED
8 FOSTER CARE CONTRACTOR. (a) The department shall develop a formal
9 review process to assess the ability of a single source continuum
10 contractor to satisfy the responsibilities and administrative
11 requirements of delivering foster care services, including the
12 contractor's ability to provide:

13 (1) placement services for children and families;

14 (2) case management services for children and
15 families;

16 (3) evidence-based, promising practice, or
17 evidence-informed supports for children and families; and

18 (4) sufficient available capacity for inpatient and
19 outpatient services and supports for children at all service levels
20 who have previously been placed in the catchment area.

21 (b) As part of the readiness review process, the single
22 source continuum contractor must prepare a plan detailing the
23 methods by which the contractor will avoid or eliminate conflicts
24 of interest. The department may not transfer services to the
25 contractor until the department has determined the plan is
26 adequate.

27 (c) The department must develop the review process under

1 Subsection (a) before the department may expand community-based
2 foster care outside of the initial catchment areas where
3 community-based foster care has been implemented.

4 (d) The department must conduct a readiness review for a
5 single source continuum contractor before the transfer of placement
6 services to the contractor and before the transfer of case
7 management services to the contractor. The department may not
8 transfer those services to a contractor unless the readiness review
9 demonstrates that the contractor is able to adequately deliver the
10 services.

11 Sec. 264.155. EXPANSION OF COMMUNITY-BASED FOSTER CARE.

12 (a) Not later than December 31, 2019, the department shall:

13 (1) identify not more than eight catchment areas in
14 the state that are best suited to implement community-based foster
15 care of which not more than two catchment areas may be identified as
16 best suited to implement the transfer of case management services
17 to a single source continuum contractor;

18 (2) create an implementation plan for those catchment
19 areas that includes a timeline for implementation;

20 (3) following the readiness review process under
21 Section 264.154 and subject to the availability of funds, implement
22 community-based foster care in those catchment areas; and

23 (4) following the implementation of community-based
24 foster care services in those catchment areas, evaluate the
25 implementation process and single source continuum contractor
26 performance in each catchment area.

27 (b) Following the selection of the catchment areas under

1 Subsection (a), the department shall annually, based on the
2 availability of funding:

3 (1) provide a report to the legislature that details
4 the readiness of any remaining catchment areas in which
5 community-based foster care services have not been implemented; and

6 (2) subject to the availability of funds, the
7 readiness of the catchment areas, and the feasibility of
8 implementing community-based foster care in those areas, begin
9 implementing community-based foster care in those areas in
10 accordance with the timeline developed for those areas under
11 Subsection (a)(2) and the readiness review process developed under
12 Section 264.154.

13 (c) In expanding community-based foster care, the
14 department may change the geographic boundaries of catchment areas
15 as necessary to align with specific communities.

16 (d) The department shall ensure the continuity of services
17 for children and families during the transition period to
18 community-based foster care in a catchment area.

19 (e) In implementing community-based foster care in a
20 catchment area, the department may not transfer case management
21 services to a single source continuum contractor in that catchment
22 area until the department has successfully completed the transfer
23 of placement services to the contractor.

24 Sec. 264.156. COMMUNITY ENGAGEMENT GROUP. (a) The
25 department shall create a community engagement group in each
26 catchment area to assist with the implementation of community-based
27 foster care. The department may create more than one community

1 engagement group in a catchment area, as appropriate. Membership
2 in a community engagement group may include:

3 (1) representatives from:

4 (A) the department;

5 (B) the judiciary;

6 (C) school districts in the catchment area;

7 (D) law enforcement;

8 (E) the local mental health authority;

9 (F) the children's advocacy center, if

10 applicable;

11 (G) a child-placing agency; and

12 (H) child and family service providers,

13 including prevention service providers;

14 (2) a court-appointed volunteer advocate, if

15 available;

16 (3) a parent or a person who specializes in parental

17 rights, including a family law attorney; and

18 (4) community leaders from the catchment area,

19 including leaders from local political subdivisions.

20 (b) The department shall adopt rules governing community

21 engagement groups and the maximum number of members in a group.

22 (c) Established stakeholder organizations in a catchment

23 area, including child welfare boards, may request to be designated

24 by the department as the community engagement group for that

25 catchment area.

26 (d) The community engagement group shall:

27 (1) provide feedback to the department on the

1 implementation of community-based foster care in the catchment area
2 and the ongoing operation of community-based foster care in the
3 catchment area;

4 (2) identify and report problems arising from the
5 implementation process to the department;

6 (3) identify, develop, promote, or facilitate the use
7 of local resources, including prevention and early intervention
8 resources, to supplement community-based foster care services; and

9 (4) serve as a facilitator for integrating the
10 voluntary participation of local organizations that provide family
11 and child welfare services into community-based foster care.

12 (e) Chapter 551, Government Code, applies to a community
13 engagement group.

14 Sec. 264.157. QUALIFICATIONS OF SINGLE SOURCE CONTINUUM
15 CONTRACTOR. To be eligible to enter into a contract with the
16 department to serve as a single source continuum contractor to
17 provide foster care service delivery, an entity must be a nonprofit
18 or governmental entity that:

19 (1) is licensed as a service provider by the
20 department;

21 (2) has an organizational mission and has demonstrated
22 experience in the delivery of services to children and families;
23 and

24 (3) has the ability to provide all of the case
25 management and placement services and perform all of the duties of a
26 single source continuum contractor required under this subchapter
27 or that can provide a plan to gain that ability during the

1 implementation of community-based foster care in a catchment area.

2 Sec. 264.158. REQUIRED CONTRACT PROVISIONS. A contract
3 with a single source continuum contractor to provide foster care
4 services in a catchment area must include provisions that:

5 (1) specify performance outcomes and financial
6 incentives for exceeding any specified performance outcomes;

7 (2) establish conditions for the single source
8 continuum contractor's access to relevant department data and
9 require the participation of the contractor in the data access and
10 standards governance council created under Section 264.159;

11 (3) require the single source continuum contractor to
12 create a single process for the training and use of alternative
13 caregivers for all child-placing agencies in the catchment area to
14 facilitate reciprocity of licenses for alternative caregivers
15 between agencies, including respite and overnight care providers,
16 as those terms are defined by department rule; and

17 (4) require the single source continuum contractor to
18 maintain a diverse network of service providers that offer a range
19 of foster capacity options and that can accommodate children from
20 diverse cultural backgrounds.

21 Sec. 264.159. DATA ACCESS AND STANDARDS GOVERNANCE COUNCIL.

22 (a) The department shall create a data access and standards
23 governance council to develop protocols for access by single source
24 continuum contractors to the department's data to allow the
25 contractors to perform case management functions.

26 (b) The department shall develop rules and processes for the
27 operation of the council. Each single source continuum contractor

1 that has entered into a contract with the department to provide
2 services under this subchapter shall participate in the council.

3 The council may also include:

4 (1) representatives of entities that manage court
5 proceedings;

6 (2) the courts;

7 (3) the department;

8 (4) health care providers; and

9 (5) any other entities the department considers
10 necessary.

11 (c) The council shall:

12 (1) develop protocols for the access, management,
13 security, and retention of case data that is shared between the
14 department and a single source continuum contractor;

15 (2) approve any changes to protocols at the request of
16 a service provider or the department; and

17 (3) conduct any other additional duties related to
18 data sharing protocols as considered necessary by the department.

19 (d) The department may assign the duties of the council to
20 any existing office or division of the department with functions
21 similar to the duties of the council. Each single source continuum
22 contractor and any additional entities as described by Subsection
23 (b) shall participate in the development of protocols and any other
24 duties assigned under this subsection.

25 Sec. 264.160. TRANSFER OF CASE MANAGEMENT SERVICES TO
26 SINGLE SOURCE CONTINUUM CONTRACTOR. (a) In each initial catchment
27 area where community-based foster care has been implemented or a

1 contract with a single source continuum contractor has been
2 executed before June 1, 2017, the department shall transfer to the
3 single source continuum contractor providing services in that area:

4 (1) the case management of children and families
5 receiving services from that contractor; and

6 (2) family reunification support services to be
7 provided after a child receiving services from the contractor is
8 returned to the child's family for the period of time ordered by the
9 court.

10 (b) The department shall collaborate with a single source
11 continuum contractor to establish an initial case transfer planning
12 team to:

13 (1) address any necessary data transfer;

14 (2) establish file transfer procedures; and

15 (3) notify relevant persons regarding the transfer of
16 services to the contractor.

17 Sec. 264.161. LIABILITY INSURANCE REQUIREMENTS. A single
18 source continuum contractor and any subcontractor of the single
19 source continuum contractor providing community-based foster care
20 services shall maintain minimum insurance coverage, as required in
21 the contract with the department, to minimize the risk of
22 insolvency and protect against damages. The executive commissioner
23 may adopt rules to implement this section.

24 Sec. 264.162. REVIEW OF CONTRACTOR PERFORMANCE. (a) The
25 department shall develop a formal review process to evaluate a
26 single source continuum contractor's implementation of placement
27 services and case management services in a catchment area.

1 (b) The department shall conduct the review for a single
2 source continuum contractor after the contractor completes the
3 implementation of placement services in a catchment area, and after
4 the contractor completes the implementation of case management
5 services in the catchment area.

6 Sec. 264.163. NOTICE REQUIRED FOR EARLY TERMINATION OF
7 CONTRACT. (a) A single source continuum contractor may terminate a
8 contract entered into under this subchapter by providing notice to
9 the department of the contractor's intent to terminate the contract
10 not later than the 90th day before the date of the termination.

11 (b) The department may terminate a contract entered into
12 with a single source continuum contractor under this subchapter by
13 providing notice to the contractor of the department's intent to
14 terminate the contract not later than the 30th day before the date
15 of termination.

16 Sec. 264.164. CONTINGENCY PLAN IN EVENT OF EARLY CONTRACT
17 TERMINATION. (a) In each catchment area in which community-based
18 foster care is implemented, the department shall create a
19 contingency plan to ensure the continuity of services for children
20 and families in the catchment area in the event of an early
21 termination of the contract with the single source continuum
22 contractor providing foster care services in that catchment area.

23 (b) If a single source continuum contractor gives notice to
24 the department of an early contract termination, the department may
25 enter into a contract with a different contractor for the sole
26 purpose of assuming the contract that is being terminated.

27 Sec. 264.165. REVIEW OF CONTRACTOR DECISIONS BY DEPARTMENT.

1 (a) Notwithstanding any other provision of this subchapter
2 governing the transfer of case management authority to a single
3 source continuum contractor, the department shall review a
4 contractor's decision with respect to a child's permanency goal.
5 The department must approve or disapprove a contractor's
6 recommended permanency goal for a child not later than 72 hours
7 after the department receives the recommendation from the
8 contractor.

9 (b) Subsection (a) may not be construed to limit or restrict
10 the authority of the department to:

11 (1) include necessary oversight measures and review
12 processes to maintain compliance with federal and state
13 requirements in a contract with a single source continuum
14 contractor; or

15 (2) attend court proceedings related to a child in the
16 conservatorship of the department, including any hearings, trials,
17 or mediations.

18 (c) The department shall develop an internal dispute
19 resolution process to decide disagreements between a single source
20 continuum contractor and the department.

21 Sec. 264.166. STATUTORY DUTIES ASSUMED BY CONTRACTOR.
22 Except as provided by Section 264.167, a single source continuum
23 contractor providing foster care services in a catchment area must,
24 either directly or through subcontractors, assume the statutory
25 duties of the department in connection with the delivery of foster
26 care services in that catchment area.

27 Sec. 264.167. CONTINUING DUTIES OF DEPARTMENT. In a

1 catchment area in which a single source continuum contractor is
2 providing family-based safety services, community-based foster
3 care services, or integrated care coordination, legal
4 representation of the department in an action under this code shall
5 be provided in accordance with Section 264.009.

6 Sec. 264.168. CONFIDENTIALITY. (a) The records of a single
7 source continuum contractor relating to the provision of
8 community-based foster care services in a catchment area are
9 subject to Chapter 552, Government Code, in the same manner as the
10 records of the department are subject to that chapter.

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

15 Sec. 264.169. ATTORNEY-CLIENT PRIVILEGE. An employee,
16 agent, or representative of a single source continuum contractor is
17 considered to be a client's representative of the department for
18 purposes of the privilege under Rule 503, Texas Rules of Evidence,
19 as that privilege applies to communications with a prosecuting
20 attorney or other attorney representing the department, or the
21 attorney's representatives, in a proceeding under this subtitle.

22 Sec. 264.170. CHILD PROTECTIVE SERVICES LEGISLATIVE
23 OVERSIGHT COMMITTEE. (a) In this section, "committee" means the
24 Child Protective Services Legislative Oversight Committee
25 established under this section.

26 (b) The Child Protective Services Legislative Oversight
27 Committee is created to facilitate the transfer of functions from

1 the department to single source continuum contractors under this
2 subchapter with minimal negative effect on the delivery of services
3 to which those functions relate.

4 (c) The committee is composed of 11 voting members, as
5 follows:

6 (1) four members of the senate, appointed by the
7 lieutenant governor;

8 (2) four members of the house of representatives,
9 appointed by the speaker of the house of representatives; and

10 (3) three members of the public, appointed by the
11 governor.

12 (d) The commissioner of the department serves as an ex
13 officio, nonvoting member of the committee.

14 (e) A member of the committee serves at the pleasure of the
15 appointing official.

16 (f) The lieutenant governor and the speaker of the house of
17 representatives shall each designate a presiding co-chair from
18 among their respective appointments.

19 (g) A member of the committee may not receive compensation
20 for serving on the committee but is entitled to reimbursement for
21 travel expenses incurred by the member while conducting the
22 business of the committee as provided by the General Appropriations
23 Act.

24 (h) The committee shall:

25 (1) facilitate the transfer of functions from the
26 department to single source continuum contractors with minimal
27 negative effect on the delivery of services to which those

1 functions relate;

2 (2) with assistance from the department, advise the
3 commissioner of the department concerning:

4 (A) the functions to be transferred under this
5 subchapter and the funds and obligations that are related to the
6 functions;

7 (B) the transfer of the functions and related
8 records, funds, and obligations by the department that are required
9 by this subchapter; and

10 (C) the reorganization of the department's
11 administrative structure as required by the implementation of
12 community-based foster care under this subchapter and other
13 provisions enacted by the 85th Legislature that become law; and

14 (3) meet at least semiannually at the call of either
15 chair, in addition to meeting at other times as determined
16 appropriate by either chair.

17 (i) Chapter 551, Government Code, applies to the committee.

18 (j) The committee shall submit a report to the governor,
19 lieutenant governor, speaker of the house of representatives, and
20 legislature not later than December 1 of each even-numbered year.
21 The report must include an update on the progress of and issues
22 related to:

23 (1) the implementation of community-based foster
24 care, including the need for any additional statutory changes
25 required to ensure the achievement of the stated purposes of this
26 subchapter; and

27 (2) the reorganization of the department's

1 administrative structure as necessary during the implementation of
2 community-based foster care under this subchapter and other
3 provisions enacted by the 85th Legislature that become law.

4 Sec. 264.171. PILOT PROGRAM FOR FAMILY-BASED SAFETY
5 SERVICES. (a) In this section, "case management services" means
6 the direct delivery and coordination of a network of formal and
7 informal activities and services in a catchment area where the
8 department has entered into, or is in the process of entering into,
9 a contract with a single source continuum contractor to provide
10 family-based safety services and case management and includes:

11 (1) caseworker visits with the child and all
12 caregivers;

13 (2) family visits;

14 (3) family group conferencing or family group
15 decision-making;

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

17 (5) monitoring, developing, securing, and
18 coordinating services;

19 (6) evaluating the progress of children, caregivers,
20 and families receiving services;

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

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

25 (A) providing any required notifications or
26 consultations;

27 (B) preparing court reports;

1 (C) attending judicial hearings, trials, and
2 mediations;

3 (D) complying with applicable court orders; and

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

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

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

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

- 23 (1) a decrease in recidivism;
24 (2) an increase in protective factors; and
25 (3) any other performance-based outcome specified by
26 the department.

27 (d) The commission may only contract for implementation of

1 the pilot program with entities that the department considers to
2 have the capacity to provide, either directly or through
3 subcontractors, an array of evidence-based, promising practice, or
4 evidence-informed services and support programs to children and
5 families in the selected child protective services regions.

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

9 (f) The contracted entity must give preference for
10 employment to employees of the department:

11 (1) whose position at the department is impacted by
12 the implementation of community-based foster care; and

13 (2) who are considered by the department to be
14 employees in good standing.

15 (g) Not later than December 31, 2018, the department shall
16 report to the appropriate standing committees of the legislature
17 having jurisdiction over child protective services and foster care
18 matters on the progress of the pilot program. The report must
19 include:

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

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

24 (b) Section 264.126, Family Code, is transferred to
25 Subchapter B-1, Chapter 264, Family Code, as added by this section,
26 redesignated as Section 264.153, Family Code, and amended to read
27 as follows:

1 Sec. 264.153 [~~264.126~~]. COMMUNITY-BASED FOSTER CARE
2 ~~[REDESIGN]~~ IMPLEMENTATION PLAN. (a) The department shall develop
3 and maintain a plan for implementing community-based [~~the~~] foster
4 care [~~redesign required by Chapter 598 (S.B. 218), Acts of the 82nd~~
5 ~~Legislature, Regular Session, 2011~~]. The plan must:

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

8 (2) include a timeline for implementing
9 community-based [~~the~~] foster care [~~redesign~~] throughout this
10 state, a timeline for the transfer of case management services, and
11 any limitations related to the implementation;

12 (3) include [~~and~~] a progressive intervention plan
13 and a contingency plan to provide continuity of foster care service
14 delivery if a contract with a single source continuum contractor
15 ends prematurely;

16 (4) include a provision establishing the required time
17 for a contractor to provide notice of contract termination;

18 (5) [~~(3)~~] delineate and define the case management
19 roles and responsibilities of the department and the department's
20 contractors and the duties, employees, and related funding that
21 will be transferred to the contractor by the department;

22 (6) [~~(4)~~] identify any training needs and include
23 long-range and continuous plans for training and cross-training
24 staff;

25 (7) [~~(5)~~] include a plan for evaluating the costs and
26 tasks associated with each contract procurement, including the
27 initial and ongoing contract costs for the department and

1 contractor;

2 (8) [~~(6)~~] include the department's contract
3 monitoring approach and a plan for evaluating the performance of
4 each contractor and the community-based foster care [~~redesign~~]
5 system as a whole that includes an independent evaluation of each
6 contractor's processes and fiscal and qualitative outcomes; and

7 (9) [~~(7)~~] include a report on transition issues
8 resulting from implementation of community-based [~~the~~] foster care
9 [~~redesign~~].

10 (b) The department shall annually:

11 (1) update the implementation plan developed under
12 this section and post the updated plan on the department's Internet
13 website; and

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

17 SECTION 14. Subchapter A, Chapter 265, Family Code, is
18 amended by adding Section 265.0042 to read as follows:

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

26 (b) Subject to the availability of funds, the department
27 shall collaborate with an institution of higher education to create

1 and track indicators of child well-being to determine the
2 effectiveness of prevention and early intervention services.

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. Section 40.032, Human Resources Code, is
13 amended by adding Subsection (h) to read as follows:

14 (h) In this subsection, "community-based foster care" has
15 the meaning assigned by Section 264.152, Family Code. The
16 department shall collaborate with single source continuum
17 contractors to ensure that employees of the department who perform
18 case management functions are given preference for employment by
19 service providers under the community-based foster care service
20 system.

21 SECTION 20. (a) Subchapter B, Chapter 40, Human Resources
22 Code, is amended by adding Sections 40.039, 40.040, 40.041, and
23 40.042 to read as follows:

24 Sec. 40.039. REVIEW OF RECORDS RETENTION POLICY. The
25 department shall periodically review the department's records
26 retention policy with respect to case and intake records relating
27 to department functions. The department shall make changes to the

1 policy consistent with the records retention schedule submitted
2 under Section 441.185, Government Code, that are necessary to
3 improve case prioritization and the routing of cases to the
4 appropriate division of the department. The department may adopt
5 rules necessary to implement this section.

6 Sec. 40.040. FOSTER CARE SERVICES CONTRACT COMPLIANCE,
7 OVERSIGHT, AND QUALITY ASSURANCE DIVISION. (a) In this section,
8 "community-based foster care" has the meaning assigned by Section
9 264.152, Family Code.

10 (b) The department shall create within the department the
11 foster care services contract compliance, oversight, and quality
12 assurance division. The division shall:

13 (1) oversee contract compliance and achievement of
14 performance-based outcomes by any vendor that provides foster care
15 services for the department under community-based foster care;

16 (2) conduct assessments on the fiscal and qualitative
17 performance of any vendor that provides foster care services for
18 the department under community-based foster care; and

19 (3) create and administer a dispute resolution process
20 to resolve conflicts between vendors that contract with the
21 department to provide foster care services under community-based
22 foster care and any subcontractor of a vendor.

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

27 (1) monitor management trends;

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

1 department's current business needs, or fulfilling the powers and
2 duties of the department.

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

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

14 (c) The department shall establish standardized policies to
15 be used during investigations.

16 (d) The commissioner shall establish units within the child
17 protective services division of the department to specialize in
18 investigating allegations of child abuse and neglect occurring at a
19 child-care facility.

20 (e) The department may require that investigators who
21 specialize in allegations of child abuse and neglect occurring at
22 child-care facilities receive ongoing training on the minimum
23 licensing standards for any facilities that are applicable to the
24 investigator's specialization.

25 (f) After an investigation of abuse, neglect, or
26 exploitation occurring at a child-care facility, the department
27 shall provide the state agency responsible for regulating the

1 facility with access to any information relating to the
2 department's investigation. Providing access to confidential
3 information under this subsection does not constitute a waiver of
4 confidentiality.

5 (g) The department may adopt rules to implement this
6 section.

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

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

18 SECTION 21. Section 40.051, Human Resources Code, is
19 amended to read as follows:

20 Sec. 40.051. STRATEGIC PLAN FOR DEPARTMENT. The department
21 shall develop a departmental strategic plan based on the goals and
22 priorities stated in the commission's coordinated strategic plan
23 for health and human services. The department shall also develop
24 its plan based on:

- 25 (1) furthering the policy of family preservation;
26 (2) the goal of ending the abuse and neglect of
27 children in the conservatorship of the department; and

1 (3) the goal of increasing the capacity and
2 availability of foster, relative, and kinship placements in this
3 state.

4 SECTION 22. (a) Section 40.058(f), Human Resources Code,
5 is amended to read as follows:

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

9 (1) enable the department and commission to monitor
10 the effectiveness of the services;

11 (2) specify performance outcomes, financial penalties
12 for failing to meet any specified performance outcomes, and
13 financial incentives for exceeding any specified performance
14 outcomes;

15 (3) authorize the department or commission to
16 terminate the contract or impose monetary sanctions for a violation
17 of a provision of the contract that specifies performance criteria
18 or for underperformance in meeting any specified performance
19 outcomes;

20 (4) authorize the department or commission, an agent
21 of the department or commission, and the state auditor to inspect
22 all books, records, and files maintained by a contractor relating
23 to the contract; and

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

27 (b) The Health and Human Services Commission shall, in a

1 contract for residential child-care services between the
2 commission and a general residential operation or child-placing
3 agency that is entered into on or after the effective date of this
4 section, including a renewal contract, include the provisions
5 required by Section 40.058(f), Human Resources Code, as amended by
6 this section.

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

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

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

21 Sec. 40.0581. PERFORMANCE MEASURES FOR CERTAIN SERVICE
22 PROVIDER CONTRACTS. (a) The commission, in collaboration with the
23 department, shall contract with a vendor or enter into an agreement
24 with an institution of higher education to develop, in coordination
25 with the department, performance quality metrics for family-based
26 safety services and post-adoption support services providers. The
27 quality metrics must be included in each contract with those

1 providers.

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

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

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

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

21 (f) This section does not apply to a provider that has
22 entered into a contract with the commission to provide family-based
23 safety services under Section 264.171, Family Code.

24 (b) The quality metrics required by Section 40.0581, Human
25 Resources Code, as added by this section, must be developed not
26 later than September 1, 2018, and included in any contract,
27 including a renewal contract, entered into by the Health and Human

1 Services Commission with a family-based safety services provider or
2 a post-adoption support services provider on or after January 1,
3 2019, except as provided by Section 40.0581(f), Human Resources
4 Code, as added by this section.

5 SECTION 24. Section 42.002(23), Human Resources Code, is
6 amended to read as follows:

7 (23) "Other maltreatment" means:

8 (A) abuse, as defined by Section 261.001 [~~or~~
9 261.401], Family Code; or

10 (B) neglect, as defined by Section 261.001 [~~or~~
11 261.401], Family Code.

12 SECTION 25. Section 42.042, Human Resources Code, is
13 amended by adding Subsections (s) and (t) to read as follows:

14 (s) The department shall create and implement processes to
15 simplify and streamline the licensing and verification rules for
16 agency foster homes and child-placing agencies, including:

17 (1) a process to allow provisional verification of a
18 foster home, based on the foster parent's partial completion of the
19 licensing requirements, as determined by the department; and

20 (2) a process to streamline background checks for
21 potential foster care providers.

22 (t) The department may waive certain minimum standards or
23 may permit a child-placing agency to waive certain verification
24 requirements for a foster home under this section.

25 SECTION 26. (a) Subchapter C, Chapter 42, Human Resources
26 Code, is amended by adding Section 42.0432 to read as follows:

27 Sec. 42.0432. HEALTH SCREENING REQUIREMENTS FOR CHILD

1 PLACED WITH CHILD-PLACING AGENCY. (a) A child-placing agency or
2 general residential operation that contracts with the department to
3 provide services must ensure that the children who are in the
4 managing conservatorship of the department and are placed with the
5 child-placing agency or general residential operation receive a
6 complete early and periodic screening, diagnosis, and treatment
7 checkup in accordance with the requirements specified in the
8 contract between the child-placing agency or general residential
9 operation and the department.

10 (b) The commission shall include a provision in a contract
11 with a child-placing agency or general residential operation
12 specifying progressive monetary penalties for the child-placing
13 agency's or general residential operation's failure to comply with
14 Subsection (a).

15 (b) A child-placing agency or general residential operation
16 that contracts to provide services for the Department of Family and
17 Protective Services must comply with the requirements of Section
18 42.0432, Human Resources Code, as added by this section, not later
19 than August 31, 2018. The department and the Health and Human
20 Services Commission may not impose a monetary penalty for
21 noncompliance with a contract provision described by that section
22 until September 1, 2018.

23 SECTION 27. Section 42.044(c-1), Human Resources Code, is
24 amended to read as follows:

25 (c-1) The department:

26 (1) shall investigate a listed family home if the
27 department receives a complaint that:

1 (A) a child in the home has been abused or
2 neglected, as defined by Section 261.001 [~~261.401~~], Family Code; or

3 (B) otherwise alleges an immediate risk of danger
4 to the health or safety of a child being cared for in the home; and

5 (2) may investigate a listed family home to ensure
6 that the home is providing care for compensation to not more than
7 three children, excluding children who are related to the
8 caretaker.

9 SECTION 28. Section 261.401(a), Family Code, is repealed.

10 SECTION 29. The changes in law made by this Act to Section
11 263.401, Family Code, apply only to a suit affecting the
12 parent-child relationship filed on or after the effective date of
13 this Act. A suit affecting the parent-child relationship filed
14 before the effective date of this Act is governed by the law in
15 effect on the date the suit was filed, and the former law is
16 continued in effect for that purpose.

17 SECTION 30. Except as otherwise provided by this Act, the
18 changes in law made by this Act apply only to a contract for foster
19 care services entered into or renewed on or after the effective date
20 of this Act.

21 SECTION 31. Except as otherwise provided by this Act, this
22 Act takes effect September 1, 2017.