

By: _____ .B. No. _____

Substitute the following for .B. No. _____:

By: _____ C.S. .B. No. _____

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, relative and kinship caregiver support, and
5 prevention and early intervention services.

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

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

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

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

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

16 (C) a person with whom the child's parent
17 cohabits;

18 (D) school personnel or a volunteer at the
19 child's school; ~~or~~

20 (E) personnel or a volunteer at a public or
21 private child-care facility that provides services for the child or
22 at a public or private residential institution or facility where
23 the child resides; or

24 (F) an employee, volunteer, or other person

1 working under the supervision of a licensed or unlicensed
2 child-care facility, including a family home, residential
3 child-care facility, employer-based day-care facility, or shelter
4 day-care facility, as those terms are defined in Chapter 42, Human
5 Resources Code.

6 SECTION 2. Subchapter A, Chapter 261, Family Code, is
7 amended by adding Section 261.004 to read as follows:

8 Sec. 261.004. TRACKING OF RECURRENCE OF CHILD ABUSE OR
9 NEGLECT REPORTS. (a) The department shall collect and monitor data
10 regarding repeated reports of abuse or neglect involving the same
11 child or by the same alleged perpetrator. In monitoring reports
12 under this section, the department shall group together separate
13 reports involving different children residing in the same
14 household.

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

20 SECTION 3. Section 264.018, Family Code, is amended by
21 adding Subsections (d-1) and (d-2) to read as follows:

22 (d-1) Except as provided by Subsection (d-2), as soon as
23 possible but not later than 24 hours after a change in placement of
24 a child in the conservatorship of the department, the department
25 shall give notice of the placement change to the managed care
26 organization that contracts with the commission to provide health
27 care services to the child under the STAR Health program. The

1 managed care organization shall give notice of the placement change
2 to the primary care physician listed in the child's health passport
3 before the end of the second business day after the day the
4 organization receives the notification from the department.

5 (d-2) In this subsection, "catchment area" has the meaning
6 assigned by Section 264.151. In a catchment area in which
7 community-based care has been implemented, the single source
8 continuum contractor that has contracted with the commission to
9 provide foster care services in that catchment area shall, as soon
10 as possible but not later than 24 hours after a change in placement
11 of a child in the conservatorship of the department, give notice of
12 the placement change to the managed care organization that
13 contracts with the commission to provide health care services to
14 the child under the STAR Health program. The managed care
15 organization shall give notice of the placement change to the
16 child's primary care physician in accordance with Subsection (d-1).

17 SECTION 4. (a) Subchapter B, Chapter 264, Family Code, is
18 amended by adding Section 264.1076 to read as follows:

19 Sec. 264.1076. MEDICAL EXAMINATION REQUIRED. (a) This
20 section applies only to a child who has been taken into the
21 conservatorship of the department and remains in the
22 conservatorship of the department for more than three business
23 days.

24 (b) The department shall ensure that each child described by
25 Subsection (a) is examined by a physician or other health care
26 provider authorized under state law to conduct medical examinations
27 not later than the end of the third business day after the date the

1 child enters the conservatorship of the department.

2 (c) The department shall collaborate with the commission
3 and relevant medical practitioners to develop guidelines for the
4 medical examination conducted under this section, including
5 guidelines on the components to be included in the examination.

6 (d) Not later than December 31, 2019, the department shall
7 submit a report to the standing committees of the house of
8 representatives and the senate with primary jurisdiction over child
9 protective services and foster care evaluating the statewide
10 implementation of the medical examination required by this section.
11 The report must include the level of compliance with the
12 requirements of this section in each region of the state.

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

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

24 SECTION 5. (a) Subchapter B, Chapter 264, Family Code, is
25 amended by adding Sections 264.1261 and 264.128 to read as follows:

26 Sec. 264.1261. FOSTER CARE CAPACITY NEEDS PLAN. (a) In
27 this section, "community-based care" has the meaning assigned by

1 Section 264.151.

2 (b) Appropriate department management personnel from a
3 child protective services region in which community-based care has
4 not been implemented, in collaboration with foster care providers,
5 faith-based entities, and child advocates in that region, shall use
6 data collected by the department on foster care capacity needs and
7 availability of each type of foster care and kinship placement in
8 the region to create a plan to address the substitute care capacity
9 needs in the region. The plan must identify both short-term and
10 long-term goals and strategies for addressing those capacity needs.

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

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

14 (2) updated annually.

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

18 Sec. 264.128. SINGLE CHILD PLAN OF SERVICE INITIATIVE. (a)
19 In this section, "community-based care" has the meaning assigned by
20 Section 264.151.

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

23 (1) collaborate with child-placing agencies to
24 implement the single child plan of service model developed under
25 the single child plan of service initiative; and

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

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

6 SECTION 6. (a) Chapter 264, Family Code, is amended by
7 adding Subchapter B-1 to read as follows:

8 SUBCHAPTER B-1. COMMUNITY-BASED CARE

9 Sec. 264.151. DEFINITIONS. Except as otherwise provided in
10 this subchapter:

11 (1) "Case management" means the provision of case
12 management services to a child for whom the department has been
13 appointed temporary or permanent managing conservator or to the
14 child's family, a young adult in extended foster care, a relative or
15 kinship caregiver, or a child who has been placed in the catchment
16 area through the Interstate Compact on the Placement of Children,
17 and includes:

18 (A) caseworker visits with the child;

19 (B) family and caregiver visits;

20 (C) convening and conducting permanency planning
21 meetings;

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

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

27 (F) the assumption of court-related duties

1 regarding the child, including:

2 (i) providing any required notifications or
3 consultations;

4 (ii) preparing court reports;

5 (iii) attending judicial and permanency
6 hearings, trials, and mediations;

7 (iv) complying with applicable court
8 orders; and

9 (v) ensuring the child is progressing
10 toward the goal of permanency within state and federally mandated
11 guidelines; and

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

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

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

22 Sec. 264.153. QUALIFICATIONS OF SINGLE SOURCE CONTINUUM
23 CONTRACTOR. To be eligible to enter into a contract with the
24 commission to serve as a single source continuum contractor to
25 provide foster care service delivery, an entity must be a nonprofit
26 entity that has an organizational mission focused on child welfare
27 or a governmental entity.

1 Sec. 264.154. REQUIRED CONTRACT PROVISIONS. A contract
2 with a single source continuum contractor to provide
3 community-based care services in a catchment area must include
4 provisions that:

5 (1) establish a timeline for the implementation of
6 community-based care in the catchment area, including a timeline
7 for:

8 (A) case management services for children,
9 families, and relative and kinship caregivers receiving services in
10 the catchment area; and

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

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

20 (3) following the review under Subdivision (2), allow
21 the department to:

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

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

26 (4) require the contractor to give preference for
27 employment to employees of the department:

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

3 (B) who are considered by the department to be
4 employees in good standing;

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

9 (A) community faith-based entities;

10 (B) the judiciary;

11 (C) court-appointed special advocates;

12 (D) child advocacy centers;

13 (E) service providers;

14 (F) foster families;

15 (G) biological parents;

16 (H) foster youth and former foster youth;

17 (I) relative or kinship caregivers;

18 (J) child welfare boards, if applicable;

19 (K) attorneys ad litem;

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

22 (M) any other stakeholders, as determined by the
23 contractor; and

24 (6) require that the contractor comply with any
25 applicable court order issued by a court of competent jurisdiction
26 in the case of a child for whom the contractor has assumed case
27 management responsibilities or an order imposing a requirement on

1 the department that relates to functions assumed by the contractor.

2 Sec. 264.155. READINESS REVIEW PROCESS FOR COMMUNITY-BASED
3 CARE CONTRACTOR. (a) The department shall develop a formal review
4 process to assess the ability of a single source continuum
5 contractor to satisfy the responsibilities and administrative
6 requirements of delivering foster care services and services for
7 relative and kinship caregivers, including the contractor's
8 ability to provide:

9 (1) case management services for children and
10 families;

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

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

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

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

26 (d) If after conducting the review process developed under
27 Subsection (a) the department determines that a single source

1 continuum contractor is able to adequately deliver foster care
2 services and services for relative and kinship caregivers in
3 advance of the projected dates stated in the timeline included in
4 the contract with the contractor, the department may adjust the
5 timeline to allow for an earlier transition of service delivery to
6 the contractor.

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

14 (1) the case management of children, relative and
15 kinship caregivers, and families receiving services from that
16 contractor; and

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

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

27 (1) the case management services for children,

1 relative and kinship caregivers, and families in the catchment area
2 where the contractor will be operating; and

3 (2) family reunification support services to be
4 provided for six months after a child receiving services from the
5 contractor is returned to the child's family.

6 (c) The department shall collaborate with a single source
7 continuum contractor to establish an initial case transfer planning
8 team to:

9 (1) address any necessary data transfer;

10 (2) establish file transfer procedures; and

11 (3) notify relevant persons regarding the transfer of
12 services to the contractor.

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

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

1 Sec. 264.159. CONTINUING DUTIES OF DEPARTMENT. In a
2 catchment area in which a single source continuum contractor is
3 providing family- or community-based care services or integrated
4 care coordination, legal representation of the department in an
5 action under this code shall be provided in accordance with Section
6 264.009.

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

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

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

22 Sec. 264.162. ATTORNEY-CLIENT PRIVILEGE. An employee,
23 agent, or representative of a single source continuum contractor is
24 considered to be a client's representative of the department for
25 purposes of the privilege under Rule 503, Texas Rules of Evidence,
26 as that privilege applies to communications with a prosecuting
27 attorney or other attorney representing the department, or the

1 attorney's representatives, in a proceeding under this subtitle.

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

3 (a) Notwithstanding any other provision of this subchapter
4 governing the transfer of case management authority to a single
5 source continuum contractor, the department may review, approve, or
6 disapprove a contractor's decision with respect to a child's
7 permanency goal.

8 (b) Subsection (a) may not be construed to limit or restrict
9 the authority of the department to include necessary oversight
10 measures and review processes to maintain compliance with federal
11 and state requirements in a contract with a single source continuum
12 contractor.

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

16 Sec. 264.164. PILOT PROGRAM FOR FAMILY-BASED SAFETY

17 SERVICES. (a) In this section, "case management services" means the
18 direct delivery and coordination of a network of formal and
19 informal activities and services in a catchment area where the
20 department has entered into, or is in the process of entering into,
21 a contract with a single source continuum contractor to provide
22 family-based safety services and case management and includes:

23 (1) caseworker visits with the child and all
24 caregivers;

25 (2) family visits;

26 (3) family group conferencing or family group
27 decision-making;

1 (4) development of the family plan of service;
2 (5) monitoring, developing, securing, and
3 coordinating services;
4 (6) evaluating the progress of children, caregivers,
5 and families receiving services;
6 (7) assuring that the rights of children, caregivers,
7 and families receiving services are protected;
8 (8) duties relating to family-based safety services
9 ordered by a court, including:
10 (A) providing any required notifications or
11 consultations;
12 (B) preparing court reports;
13 (C) attending judicial hearings, trials, and
14 mediations;
15 (D) complying with applicable court orders; and
16 (E) ensuring the child is progressing toward the
17 goal of permanency within state and federally mandated guidelines;
18 and
19 (9) any other function or service that the department
20 determines is necessary to allow a single source continuum
21 contractor to assume responsibility for case management.
22 (b) The department shall develop and implement in two child
23 protective services regions of the state a pilot program under
24 which the commission contracts with a single nonprofit entity that
25 has an organizational mission focused on child welfare or a
26 governmental entity in each region to provide family-based safety
27 services and case management for children and families receiving

1 family-based safety services. The contract must include a
2 transition plan for the provision of services that ensures the
3 continuity of services for children and families in the selected
4 regions.

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

8 (1) a decrease in recidivism;

9 (2) an increase in protective factors; and

10 (3) any other performance-based outcome specified by
11 the department.

12 (d) The commission may only contract for implementation of
13 the pilot program with entities that the department considers to
14 have the capacity to provide, either directly or through
15 subcontractors, an array of evidence-based, promising practice, or
16 evidence-informed services and support programs to children and
17 families in the selected child protective services regions.

18 (e) The contracted entity must perform all statutory duties
19 of the department in connection with the delivery of the services
20 specified in Subsection (b).

21 (f) Not later than December 31, 2018, the department shall
22 report to the appropriate standing committees of the legislature
23 having jurisdiction over child protective services and foster care
24 matters on the progress of the pilot program. The report must
25 include:

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

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

3 (b) Section 264.126, Family Code, is transferred to
4 Subchapter B-1, Chapter 264, Family Code, as added by this section,
5 redesignated as Section 264.152, Family Code, and amended to read
6 as follows:

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

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

14 (2) include a timeline for implementing
15 community-based [~~the foster~~] care [~~redesign~~] throughout this
16 state, any limitations related to the implementation, and a
17 progressive intervention plan and a contingency plan to provide
18 continuity of the delivery of foster care services and services for
19 relative and kinship caregivers [~~service delivery~~] if a contract
20 with a single source continuum contractor ends prematurely;

21 (3) delineate and define the case management roles and
22 responsibilities of the department and the department's
23 contractors and the duties, employees, and related funding that
24 will be transferred to the contractor by the department;

25 (4) identify any training needs and include long-range
26 and continuous plans for training and cross-training staff,
27 including plans to train caseworkers using the standardized

1 curriculum created by the human trafficking prevention task force
2 under Section 402.035(d)(6), Government Code, as that section
3 existed on August 31, 2017;

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

7 (6) include the department's contract monitoring
8 approach and a plan for evaluating the performance of each
9 contractor and the community-based [~~Foster~~] care [~~redesign~~] system
10 as a whole that includes an independent evaluation of processes and
11 outcomes; and

12 (7) include a report on transition issues resulting
13 from implementation of community-based [~~the Foster~~] care
14 [~~redesign~~].

15 (b) The department shall annually:

16 (1) update the implementation plan developed under
17 this section and post the updated plan on the department's Internet
18 website; and

19 (2) post on the department's Internet website the
20 progress the department has made toward its goals for implementing
21 community-based [~~the Foster~~] care [~~redesign~~].

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

26 SECTION 7. Subchapter A, Chapter 265, Family Code, is
27 amended by adding Sections 265.0041, 265.0042, 265.0043, and

1 265.0044 to read as follows:

2 Sec. 265.0041. GEOGRAPHIC RISK MAPPING FOR PREVENTION AND
3 EARLY INTERVENTION SERVICES. (a) The department shall use risk
4 terrain modeling systems, predictive analytic systems, or
5 geographic risk assessments or shall develop a system or assessment
6 under Subsection (c) to:

7 (1) identify geographic areas that have high risk
8 indicators of child maltreatment and child fatalities resulting
9 from abuse or neglect; and

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

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

14 (c) The Health and Human Services Commission, on behalf of
15 the department, may enter into agreements with institutions of
16 higher education to develop or adapt, in coordination with the
17 department, a risk terrain modeling system, a predictive analytic
18 system, or a geographic risk assessment to be used for purposes of
19 this section.

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

27 (b) Subject to the availability of funds, the department

1 shall collaborate with an institution of higher education to create
2 and track indicators of child well-being to determine the
3 effectiveness of prevention and early intervention services.

4 Sec. 265.0043. INTERAGENCY SHARING OF DATA FOR RISK TERRAIN
5 MODELING. (a) Notwithstanding any other provision of law, state
6 agencies, including the Texas Education Agency, the Texas Juvenile
7 Justice Department, and the Department of Public Safety, shall
8 disclose information related to child abuse or neglect only to the
9 prevention and early intervention services division of the
10 department for the purpose of implementing Section 265.0041.

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

14 Sec. 265.0044. ETHICAL GUIDELINES. The executive
15 commissioner of the Health and Human Services Commission shall
16 develop guidelines regarding:

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

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

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

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

24 (1) identify methods to leverage other sources of
25 funding or provide support for existing community-based prevention
26 efforts;

27 (2) include a needs assessment that identifies

1 programs to best target the needs of the highest risk populations
2 and geographic areas;

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

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

7 (5) identify additional methods of measuring program
8 effectiveness and results or outcomes;

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

11 (7) identify specific strategies to implement the plan
12 and to develop measures for reporting on the overall progress
13 toward the plan's goals; and

14 (8) identify specific strategies to increase local
15 capacity for the delivery of prevention and early intervention
16 services through collaboration with communities and stakeholders.

17 SECTION 9. Section 266.012, Family Code, is amended by
18 adding Subsection (c) to read as follows:

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

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

25 Sec. 531.02013. FUNCTIONS REMAINING WITH CERTAIN
26 AGENCIES. The following functions are not subject to transfer
27 under Sections 531.0201 and 531.02011:

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

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

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

10 (i) in a facility operated, or in a facility
11 or by a person licensed, certified, or registered, by a state
12 agency; or

13 (ii) by a provider that has contracted to
14 provide home and community-based services; ~~and~~

15 (C) prevention and early intervention services;
16 and

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

20 (2) the public health functions of the Department of
21 State Health Services, including health care data collection and
22 maintenance of the Texas Health Care Information Collection
23 program.

24 (b) Notwithstanding any provision of Subchapter A-1,
25 Chapter 531, Government Code, or any other law, the responsibility
26 for conducting investigations of reports of abuse, neglect, or
27 exploitation occurring at a child-care facility, as that term is

1 defined in Section 40.042, Human Resources Code, as added by this
2 Act, may not be transferred to the Health and Human Services
3 Commission and remains the responsibility of the Department of
4 Family and Protective Services.

5 (c) As soon as possible after the effective date of this
6 section, the commissioner of the Department of Family and
7 Protective Services shall transfer the responsibility for
8 conducting investigations of reports of abuse, neglect, or
9 exploitation occurring at a child-care facility, as that term is
10 defined in Section 40.042, Human Resources Code, as added by this
11 Act, to the child protective services division of the department.
12 The commissioner shall transfer appropriate investigators and
13 staff as necessary to implement this section.

14 (d) This section takes effect immediately if this Act
15 receives a vote of two-thirds of all the members of each house, as
16 provided by Section 39, Article III, Texas Constitution. If this
17 Act does not receive the vote necessary for this section to take
18 immediate effect, this section takes effect on the 91st day after
19 the last day of the legislative session.

20 SECTION 11. (a) Subchapter A, Chapter 533, Government
21 Code, is amended by adding Section 533.0054 to read as follows:

22 Sec. 533.0054. HEALTH SCREENING REQUIREMENTS FOR ENROLLEE
23 UNDER STAR HEALTH PROGRAM. (a) A managed care organization that
24 contracts with the commission to provide health care services to
25 recipients under the STAR Health program must ensure that enrollees
26 receive a complete early and periodic screening, diagnosis, and
27 treatment checkup in accordance with the requirements specified in

1 the contract between the managed care organization and the
2 commission.

3 (b) The commission shall include a provision in a contract
4 with a managed care organization to provide health care services to
5 recipients under the STAR Health program specifying progressive
6 monetary penalties for the organization's failure to comply with
7 Subsection (a).

8 (b) The Health and Human Services Commission shall, in a
9 contract for the provision of health care services under the STAR
10 Health program between the commission and a managed care
11 organization under Chapter 533, Government Code, that is entered
12 into, renewed, or extended on or after the effective date of this
13 section, require that the managed care organization comply with
14 Section 533.0054, Government Code, as added by this section.

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

19 (d) If before implementing Section 533.0054, Government
20 Code, as added by this section, the Health and Human Services
21 Commission determines that a waiver or authorization from a federal
22 agency is necessary for implementation of that provision, the
23 agency affected by the provision shall request the waiver or
24 authorization and may delay implementing that provision until the
25 waiver or authorization is granted.

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

1 Sec. 533.0056. STAR HEALTH PROGRAM: NOTIFICATION OF
2 PLACEMENT CHANGE. A contract between a managed care organization
3 and the commission for the organization to provide health care
4 services to recipients under the STAR Health program must require
5 the organization to ensure continuity of care for a child whose
6 placement has changed by:

7 (1) notifying each specialist treating the child of
8 the placement change; and

9 (2) coordinating the transition of care from the
10 child's previous treating primary care physician and treating
11 specialists to the child's new treating primary care physician and
12 treating specialists, if any.

13 (b) The changes in law made by this section apply only to a
14 contract for the provision of health care services under the STAR
15 Health program between the Health and Human Services Commission and
16 a managed care organization under Chapter 533, Government Code,
17 that is entered into, renewed, or extended on or after the effective
18 date of this section.

19 (c) If before implementing Section 533.0056, Government
20 Code, as added by this section, the Health and Human Services
21 Commission determines that a waiver or authorization from a federal
22 agency is necessary for implementation of that provision, the
23 health and human services agency affected by the provision shall
24 request the waiver or authorization and may delay implementing that
25 provision until the waiver or authorization is granted.

26 SECTION 13. (a) Subchapter B, Chapter 40, Human Resources
27 Code, is amended by adding Sections 40.039, 40.040, 40.041, and

1 40.042 to read as follows:

2 Sec. 40.039. REVIEW OF RECORDS RETENTION POLICY. The
3 department shall periodically review the department's records
4 retention policy with respect to case and intake records relating
5 to department functions. The department shall make changes to the
6 policy consistent with the records retention schedule submitted
7 under Section 441.185, Government Code, that are necessary to
8 improve case prioritization and the routing of cases to the
9 appropriate division of the department. The department may adopt
10 rules necessary to implement this section.

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

15 (b) The department shall create within the department the
16 case management services vendor quality oversight and assurance
17 division. The division shall:

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

21 (2) monitor the transfer from the department to a
22 vendor of full case management services for children and families
23 receiving services from the vendor, including any transfer
24 occurring under a pilot program.

25 (c) The commission shall contract with an outside vendor
26 with expertise in quality assurance to develop, in coordination
27 with the department, a contract monitoring system and standards for

1 the continuous monitoring of the adherence of a vendor providing
2 foster care services under community-based care to the terms of the
3 contract entered into by the vendor and the commission. The
4 standards must include performance benchmarks relating to the
5 provision of case management services in the catchment area where
6 the vendor operates.

7 (d) The division shall collect and analyze data comparing
8 outcomes on performance measures between catchment areas where
9 community-based care has been implemented and regions where
10 community-based care has not been implemented.

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

15 (1) monitor management trends;
16 (2) analyze employee exit surveys and interviews;
17 (3) evaluate the effectiveness of employee retention
18 efforts, including merit pay;

19 (4) create and manage a system for handling employee
20 complaints submitted by the employee outside of an employee's
21 direct chain of command, including anonymous complaints;

22 (5) monitor and provide reports to department
23 management personnel on:

24 (A) employee complaint data and trends in
25 employee complaints;

26 (B) compliance with annual department
27 performance evaluation requirements; and

1 (C) the department's use of positive performance
2 levels for employees;

3 (6) track employee tenure and internal employee
4 transfers within both the child protective services division and
5 the department;

6 (7) use data analytics to predict workforce shortages
7 and identify areas of the department with high rates of employee
8 turnover, and develop a process to inform the deputy commissioner
9 and other appropriate staff regarding the office's findings;

10 (8) create and monitor reports on key metrics of
11 agency performance;

12 (9) analyze available data, including data on employee
13 training, for historical and predictive department trends; and

14 (10) conduct any other data analysis the department
15 determines to be appropriate for improving performance, meeting the
16 department's current business needs, or fulfilling the powers and
17 duties of the department.

18 Sec. 40.042. INVESTIGATIONS OF CHILD ABUSE, NEGLECT, AND
19 EXPLOITATION. (a) In this section, "child-care facility" includes
20 a facility, licensed or unlicensed child-care facility, family
21 home, residential child-care facility, employer-based day-care
22 facility, or shelter day-care facility, as those terms are defined
23 in Chapter 42, Human Resources Code.

24 (b) For all investigations of child abuse or neglect
25 conducted by the child protective services division of the
26 department, the department shall adopt the definitions of abuse and
27 neglect provided in Section 261.001, Family Code.

1 (c) For all investigations of child exploitation conducted
2 by the child protective services division of the department, the
3 department shall adopt the definition of exploitation provided in
4 Section 261.401, Family Code.

5 (d) The department shall establish standardized policies to
6 be used during investigations.

7 (e) The commissioner may establish units within the child
8 protective services division of the department to specialize in
9 investigating allegations of child abuse and neglect occurring at a
10 child-care facility.

11 (f) The department may require that investigators who
12 specialize in allegations of child abuse and neglect occurring at
13 child-care facilities receive ongoing training on the minimum
14 licensing standards for any facilities that are applicable to the
15 investigator's specialization.

16 (g) After an investigation of abuse, neglect, or
17 exploitation occurring at a child-care facility, the department
18 shall provide the state agency responsible for regulating the
19 facility with access to any information relating to the
20 department's investigation. Providing access to confidential
21 information under this subsection does not constitute a waiver of
22 confidentiality.

23 (h) The department may adopt rules to implement this
24 section.

25 (b) As soon as possible after the effective date of this
26 Act, the commissioner of the Department of Family and Protective
27 Services shall establish the office of data analytics required by

1 Section 40.041, Human Resources Code, as added by this section. The
2 commissioner and the executive commissioner of the Health and Human
3 Services Commission shall transfer appropriate staff as necessary
4 to conduct the duties of the office.

5 (c) The department must implement the standardized
6 definitions and policies required under Sections 40.042(b), (c),
7 and (d), Human Resources Code, as added by this Act, not later than
8 December 1, 2017.

9 SECTION 14. (a) Section 40.058(f), Human Resources Code,
10 is amended to read as follows:

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

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

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

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

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

1 to the contract; and

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

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

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

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

24 SECTION 15. (a) Subchapter C, Chapter 40, Human Resources
25 Code, is amended by adding Section 40.0581 to read as follows:

26 Sec. 40.0581. PERFORMANCE MEASURES FOR CERTAIN SERVICE
27 PROVIDER CONTRACTS. (a) The commission, in collaboration with the

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

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

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

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

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

26 (f) This section does not apply to a provider that has
27 entered into a contract with the commission to provide family-based

1 safety services under Section 264.164, Family Code.

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

10 SECTION 16. (a) Subchapter C, Chapter 42, Human Resources
11 Code, is amended by adding Section 42.0432 to read as follows:

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

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

27 (b) A child-placing agency or general residential operation

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

8 SECTION 17. Except as otherwise provided by this Act, this
9 Act takes effect September 1, 2017.