

1-1 By: Schwertner, et al. S.B. No. 11
 1-2 (In the Senate - Filed December 7, 2016; January 24, 2017,
 1-3 read first time and referred to Committee on Health & Human
 1-4 Services; February 22, 2017, reported adversely, with favorable
 1-5 Committee Substitute by the following vote: Yeas 9, Nays 0;
 1-6 February 22, 2017, sent to printer.)

1-7 COMMITTEE VOTE

	Yea	Nay	Absent	PNV
1-8				
1-9	X			
1-10	X			
1-11	X			
1-12	X			
1-13	X			
1-14	X			
1-15	X			
1-16	X			
1-17	X			

1-18 COMMITTEE SUBSTITUTE FOR S.B. No. 11 By: Schwertner

1-19 A BILL TO BE ENTITLED
 1-20 AN ACT

1-21 relating to the administration of services provided by the
 1-22 Department of Family and Protective Services, including foster
 1-23 care, child protective, relative and kinship caregiver support, and
 1-24 prevention and early intervention services.

1-25 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

1-26 SECTION 1. Section 261.001(5), Family Code, is amended to
 1-27 read as follows:

1-28 (5) "Person responsible for a child's care, custody,
 1-29 or welfare" means a person who traditionally is responsible for a
 1-30 child's care, custody, or welfare, including:

1-31 (A) a parent, guardian, managing or possessory
 1-32 conservator, or foster parent of the child;

1-33 (B) a member of the child's family or household
 1-34 as defined by Chapter 71;

1-35 (C) a person with whom the child's parent
 1-36 cohabits;

1-37 (D) school personnel or a volunteer at the
 1-38 child's school; ~~or~~

1-39 (E) personnel or a volunteer at a public or
 1-40 private child-care facility that provides services for the child or
 1-41 at a public or private residential institution or facility where
 1-42 the child resides; or

1-43 (F) an employee, volunteer, or other person
 1-44 working under the supervision of a licensed or unlicensed
 1-45 child-care facility, including a family home, residential
 1-46 child-care facility, employer-based day-care facility, or shelter
 1-47 day-care facility, as those terms are defined in Chapter 42, Human
 1-48 Resources Code.

1-49 SECTION 2. Subchapter A, Chapter 261, Family Code, is
 1-50 amended by adding Section 261.004 to read as follows:

1-51 Sec. 261.004. TRACKING OF RECURRENCE OF CHILD ABUSE OR
 1-52 NEGLECT REPORTS. (a) The department shall collect and monitor
 1-53 data regarding repeated reports of abuse or neglect involving the
 1-54 same child or by the same alleged perpetrator. In monitoring
 1-55 reports under this section, the department shall group together
 1-56 separate reports involving different children residing in the same
 1-57 household.

1-58 (b) The department shall consider any report collected
 1-59 under Subsection (a) involving any child or adult who is a part of a
 1-60 child's household when making case priority determinations or when

2-1 conducting service or safety planning for the child or the child's
 2-2 family.

2-3 SECTION 3. Section 264.018, Family Code, is amended by
 2-4 adding Subsections (d-1) and (d-2) to read as follows:

2-5 (d-1) Except as provided by Subsection (d-2), as soon as
 2-6 possible but not later than 24 hours after a change in placement of
 2-7 a child in the conservatorship of the department, the department
 2-8 shall give notice of the placement change to the managed care
 2-9 organization that contracts with the commission to provide health
 2-10 care services to the child under the STAR Health program. The
 2-11 managed care organization shall give notice of the placement change
 2-12 to the primary care physician listed in the child's health passport
 2-13 before the end of the second business day after the day the
 2-14 organization receives the notification from the department.

2-15 (d-2) In this subsection, "catchment area" has the meaning
 2-16 assigned by Section 264.151. In a catchment area in which
 2-17 community-based care has been implemented, the single source
 2-18 continuum contractor that has contracted with the commission to
 2-19 provide foster care services in that catchment area shall, as soon
 2-20 as possible but not later than 24 hours after a change in placement
 2-21 of a child in the conservatorship of the department, give notice of
 2-22 the placement change to the managed care organization that
 2-23 contracts with the commission to provide health care services to
 2-24 the child under the STAR Health program. The managed care
 2-25 organization shall give notice of the placement change to the
 2-26 child's primary care physician in accordance with Subsection (d-1).

2-27 SECTION 4. (a) Subchapter B, Chapter 264, Family Code, is
 2-28 amended by adding Section 264.1076 to read as follows:

2-29 Sec. 264.1076. MEDICAL EXAMINATION REQUIRED. (a) This
 2-30 section applies only to a child who has been taken into the
 2-31 conservatorship of the department and remains in the
 2-32 conservatorship of the department for more than three business
 2-33 days.

2-34 (b) The department shall ensure that each child described by
 2-35 Subsection (a) is examined by a physician or other health care
 2-36 provider authorized under state law to conduct medical examinations
 2-37 not later than the end of the third business day after the date the
 2-38 child enters the conservatorship of the department.

2-39 (c) The department shall collaborate with the commission
 2-40 and relevant medical practitioners to develop guidelines for the
 2-41 medical examination conducted under this section, including
 2-42 guidelines on the components to be included in the examination.

2-43 (d) Not later than December 31, 2019, the department shall
 2-44 submit a report to the standing committees of the house of
 2-45 representatives and the senate with primary jurisdiction over child
 2-46 protective services and foster care evaluating the statewide
 2-47 implementation of the medical examination required by this section.
 2-48 The report must include the level of compliance with the
 2-49 requirements of this section in each region of the state.

2-50 (b) Section 264.1076, Family Code, as added by this section,
 2-51 applies only to a child who enters the conservatorship of the
 2-52 Department of Family and Protective Services on or after the
 2-53 effective date of this Act. A child who enters the conservatorship
 2-54 of the Department of Family and Protective Services before the
 2-55 effective date of this Act is governed by the law in effect on the
 2-56 date the child entered the conservatorship of the department, and
 2-57 the former law is continued in effect for that purpose.

2-58 (c) The Department of Family and Protective Services shall
 2-59 implement Section 264.1076, Family Code, as added by this section,
 2-60 not later than December 31, 2018.

2-61 SECTION 5. (a) Subchapter B, Chapter 264, Family Code, is
 2-62 amended by adding Sections 264.1261 and 264.128 to read as follows:

2-63 Sec. 264.1261. FOSTER CARE CAPACITY NEEDS PLAN. (a) In
 2-64 this section, "community-based care" has the meaning assigned by
 2-65 Section 264.151.

2-66 (b) Appropriate department management personnel from a
 2-67 child protective services region in which community-based care has
 2-68 not been implemented, in collaboration with foster care providers,
 2-69 faith-based entities, and child advocates in that region, shall use

3-1 data collected by the department on foster care capacity needs and
3-2 availability of each type of foster care and kinship placement in
3-3 the region to create a plan to address the substitute care capacity
3-4 needs in the region. The plan must identify both short-term and
3-5 long-term goals and strategies for addressing those capacity needs.

3-6 (c) A foster care capacity needs plan developed under
3-7 Subsection (b) must be:

3-8 (1) submitted to and approved by the commissioner; and

3-9 (2) updated annually.

3-10 (d) The department shall publish each initial foster care
3-11 capacity needs plan and each annual update to a plan on the
3-12 department's Internet website.

3-13 Sec. 264.128. SINGLE CHILD PLAN OF SERVICE INITIATIVE.

3-14 (a) In this section, "community-based care" has the meaning
3-15 assigned by Section 264.151.

3-16 (b) In regions of the state where community-based care has
3-17 not been implemented, the department shall:

3-18 (1) collaborate with child-placing agencies to
3-19 implement the single child plan of service model developed under
3-20 the single child plan of service initiative; and

3-21 (2) ensure that a single child plan of service is
3-22 developed for each child in foster care in those regions.

3-23 (b) Notwithstanding Section 264.128(b), Family Code, as
3-24 added by this section, the Department of Family and Protective
3-25 Services shall develop and implement a single child plan of service
3-26 for each child in foster care in a region of the state described by
3-27 that section not later than September 1, 2017.

3-28 SECTION 6. (a) Chapter 264, Family Code, is amended by
3-29 adding Subchapter B-1 to read as follows:

3-30 SUBCHAPTER B-1. COMMUNITY-BASED CARE

3-31 Sec. 264.151. DEFINITIONS. Except as otherwise provided in
3-32 this subchapter:

3-33 (1) "Case management" means the provision of case
3-34 management services to a child for whom the department has been
3-35 appointed temporary or permanent managing conservator or to the
3-36 child's family, a young adult in extended foster care, a relative or
3-37 kinship caregiver, or a child who has been placed in the catchment
3-38 area through the Interstate Compact on the Placement of Children,
3-39 and includes:

3-40 (A) caseworker visits with the child;

3-41 (B) family and caregiver visits;

3-42 (C) convening and conducting permanency planning
3-43 meetings;

3-44 (D) the development and revision of child and
3-45 family plans of service, including a permanency plan and goals for a
3-46 child or young adult in care;

3-47 (E) the coordination and monitoring of services
3-48 required by the child and the child's family;

3-49 (F) the assumption of court-related duties
3-50 regarding the child, including:

3-51 (i) providing any required notifications or
3-52 consultations;

3-53 (ii) preparing court reports;

3-54 (iii) attending judicial and permanency
3-55 hearings, trials, and mediations;

3-56 (iv) complying with applicable court
3-57 orders; and

3-58 (v) ensuring the child is progressing
3-59 toward the goal of permanency within state and federally mandated
3-60 guidelines; and

3-61 (G) any other function or service that the
3-62 department determines necessary to allow a single source continuum
3-63 contractor to assume responsibility for case management.

3-64 (2) "Catchment area" means a geographic service area
3-65 for providing child protective services that is identified as part
3-66 of community-based care.

3-67 (3) "Community-based care" means the foster care
3-68 redesign required by Chapter 598 (S.B. 218), Acts of the 82nd
3-69 Legislature, Regular Session, 2011, as designed and implemented in

4-1 accordance with the plan required by Section 264.152.

4-2 Sec. 264.153. QUALIFICATIONS OF SINGLE SOURCE CONTINUUM
 4-3 CONTRACTOR. To be eligible to enter into a contract with the
 4-4 commission to serve as a single source continuum contractor to
 4-5 provide foster care service delivery, an entity must be a nonprofit
 4-6 entity that has an organizational mission focused on child welfare
 4-7 or a governmental entity.

4-8 Sec. 264.154. REQUIRED CONTRACT PROVISIONS. A contract
 4-9 with a single source continuum contractor to provide
 4-10 community-based care services in a catchment area must include
 4-11 provisions that:

4-12 (1) establish a timeline for the implementation of
 4-13 community-based care in the catchment area, including a timeline
 4-14 for:

4-15 (A) case management services for children,
 4-16 families, and relative and kinship caregivers receiving services in
 4-17 the catchment area; and

4-18 (B) family reunification support services to be
 4-19 provided for six months after a child receiving services from the
 4-20 contractor is returned to the child's family;

4-21 (2) allow the department to conduct a performance
 4-22 review of the contractor beginning 18 months after the contractor
 4-23 has begun providing case management and family reunification
 4-24 support services to all children and families in the catchment area
 4-25 and determine if the contractor has achieved any performance
 4-26 outcomes specified in the contract;

4-27 (3) following the review under Subdivision (2), allow
 4-28 the department to:

4-29 (A) impose financial penalties on the contractor
 4-30 for failing to meet any specified performance outcomes; or

4-31 (B) award financial incentives to the contractor
 4-32 for exceeding any specified performance outcomes;

4-33 (4) require the contractor to give preference for
 4-34 employment to employees of the department:

4-35 (A) whose position at the department is impacted
 4-36 by the implementation of community-based care; and

4-37 (B) who are considered by the department to be
 4-38 employees in good standing;

4-39 (5) require the contractor to provide preliminary and
 4-40 ongoing community engagement plans to ensure communication and
 4-41 collaboration with local stakeholders in the catchment area,
 4-42 including any of the following:

4-43 (A) community faith-based entities;

4-44 (B) the judiciary;

4-45 (C) court-appointed special advocates;

4-46 (D) child advocacy centers;

4-47 (E) service providers;

4-48 (F) foster families;

4-49 (G) biological parents;

4-50 (H) foster youth and former foster youth;

4-51 (I) relative or kinship caregivers;

4-52 (J) child welfare boards, if applicable;

4-53 (K) attorneys ad litem;

4-54 (L) attorneys that represent parents involved in
 4-55 suits filed by the department; and

4-56 (M) any other stakeholders, as determined by the
 4-57 contractor; and

4-58 (6) require that the contractor comply with any
 4-59 applicable court order issued by a court of competent jurisdiction
 4-60 in the case of a child for whom the contractor has assumed case
 4-61 management responsibilities or an order imposing a requirement on
 4-62 the department that relates to functions assumed by the contractor.

4-63 Sec. 264.155. READINESS REVIEW PROCESS FOR COMMUNITY-BASED
 4-64 CARE CONTRACTOR. (a) The department shall develop a formal review
 4-65 process to assess the ability of a single source continuum
 4-66 contractor to satisfy the responsibilities and administrative
 4-67 requirements of delivering foster care services and services for
 4-68 relative and kinship caregivers, including the contractor's
 4-69 ability to provide:

5-1 (1) case management services for children and
 5-2 families;

5-3 (2) evidence-based, promising practice, or
 5-4 evidence-informed supports for children and families; and

5-5 (3) sufficient available capacity for inpatient and
 5-6 outpatient services and supports for children at all service levels
 5-7 who have previously been placed in the catchment area.

5-8 (b) As part of the readiness review process, the single
 5-9 source continuum contractor must prepare a plan detailing the
 5-10 methods by which the contractor will avoid or eliminate conflicts
 5-11 of interest. The department may not transfer services to the
 5-12 contractor until the department has determined the plan is
 5-13 adequate.

5-14 (c) The department and commission must develop the review
 5-15 process under Subsection (a) before the department may expand
 5-16 community-based care outside of the initial catchment areas where
 5-17 community-based care has been implemented.

5-18 (d) If after conducting the review process developed under
 5-19 Subsection (a) the department determines that a single source
 5-20 continuum contractor is able to adequately deliver foster care
 5-21 services and services for relative and kinship caregivers in
 5-22 advance of the projected dates stated in the timeline included in
 5-23 the contract with the contractor, the department may adjust the
 5-24 timeline to allow for an earlier transition of service delivery to
 5-25 the contractor.

5-26 Sec. 264.156. TRANSFER OF CASE MANAGEMENT SERVICES TO
 5-27 SINGLE SOURCE CONTINUUM CONTRACTOR. (a) In each initial catchment
 5-28 area where community-based care has been implemented or a contract
 5-29 with a single source continuum contractor has been executed before
 5-30 September 1, 2017, the department shall transfer to the single
 5-31 source continuum contractor providing foster care services in that
 5-32 area:

5-33 (1) the case management of children, relative and
 5-34 kinship caregivers, and families receiving services from that
 5-35 contractor; and

5-36 (2) family reunification support services to be
 5-37 provided after a child receiving services from the contractor is
 5-38 returned to the child's family for the period of time ordered by the
 5-39 court.

5-40 (b) The commission shall include a provision in a contract
 5-41 with a single source continuum contractor to provide foster care
 5-42 services and services for relative and kinship caregivers in a
 5-43 catchment area to which community-based care is expanded after
 5-44 September 1, 2017, that requires the transfer to the contractor of
 5-45 the provision of:

5-46 (1) the case management services for children,
 5-47 relative and kinship caregivers, and families in the catchment area
 5-48 where the contractor will be operating; and

5-49 (2) family reunification support services to be
 5-50 provided for six months after a child receiving services from the
 5-51 contractor is returned to the child's family.

5-52 (c) The department shall collaborate with a single source
 5-53 continuum contractor to establish an initial case transfer planning
 5-54 team to:

5-55 (1) address any necessary data transfer;

5-56 (2) establish file transfer procedures; and

5-57 (3) notify relevant persons regarding the transfer of
 5-58 services to the contractor.

5-59 Sec. 264.157. LIABILITY INSURANCE REQUIREMENTS. A single
 5-60 source continuum contractor and any subcontractor of the single
 5-61 source continuum contractor providing community-based care
 5-62 services shall maintain minimum insurance coverage, as required in
 5-63 the contract with the department, to minimize the risk of
 5-64 insolvency and protect against damages. The executive commissioner
 5-65 may adopt rules to implement this section.

5-66 Sec. 264.158. STATUTORY DUTIES ASSUMED BY CONTRACTOR.
 5-67 Except as provided by Section 264.159, a single source continuum
 5-68 contractor providing foster care services and services for relative
 5-69 and kinship caregivers in a catchment area must, either directly or

6-1 through subcontractors, assume the statutory duties of the
 6-2 department in connection with the delivery of foster care services
 6-3 and services for relative and kinship caregivers in that catchment
 6-4 area.

6-5 Sec. 264.159. CONTINUING DUTIES OF DEPARTMENT. In a
 6-6 catchment area in which a single source continuum contractor is
 6-7 providing family- or community-based care services or integrated
 6-8 care coordination, legal representation of the department in an
 6-9 action under this code shall be provided in accordance with Section
 6-10 264.009.

6-11 Sec. 264.160. CONFIDENTIALITY. (a) The records of a
 6-12 single source continuum contractor relating to the provision of
 6-13 community-based care services in a catchment area are subject to
 6-14 Chapter 552, Government Code, in the same manner as the records of
 6-15 the department are subject to that chapter.

6-16 (b) Subchapter C, Chapter 261, regarding the
 6-17 confidentiality of certain case information, applies to the records
 6-18 of a single source continuum contractor in relation to the
 6-19 provision of services by the contractor.

6-20 Sec. 264.161. NOTICE REQUIRED FOR EARLY TERMINATION OF
 6-21 CONTRACT. A single source continuum contractor may terminate a
 6-22 contract entered into under this subchapter by providing written
 6-23 notice to the commission of the contractor's intent to terminate
 6-24 the contract not later than the 90th day before the date of the
 6-25 termination.

6-26 Sec. 264.162. ATTORNEY-CLIENT PRIVILEGE. An employee,
 6-27 agent, or representative of a single source continuum contractor is
 6-28 considered to be a client's representative of the department for
 6-29 purposes of the privilege under Rule 503, Texas Rules of Evidence,
 6-30 as that privilege applies to communications with a prosecuting
 6-31 attorney or other attorney representing the department, or the
 6-32 attorney's representatives, in a proceeding under this subtitle.

6-33 Sec. 264.163. REVIEW OF CONTRACTOR DECISIONS BY DEPARTMENT.
 6-34 (a) Notwithstanding any other provision of this subchapter
 6-35 governing the transfer of case management authority to a single
 6-36 source continuum contractor, the department may review, approve, or
 6-37 disapprove a contractor's decision with respect to a child's
 6-38 permanency goal.

6-39 (b) Subsection (a) may not be construed to limit or restrict
 6-40 the authority of the department to include necessary oversight
 6-41 measures and review processes to maintain compliance with federal
 6-42 and state requirements in a contract with a single source continuum
 6-43 contractor.

6-44 (c) The department shall develop an internal dispute
 6-45 resolution process to decide disagreements between a single source
 6-46 continuum contractor and the department.

6-47 Sec. 264.164. PILOT PROGRAM FOR FAMILY-BASED SAFETY
 6-48 SERVICES. (a) In this section, "case management services" means
 6-49 the direct delivery and coordination of a network of formal and
 6-50 informal activities and services in a catchment area where the
 6-51 department has entered into, or is in the process of entering into,
 6-52 a contract with a single source continuum contractor to provide
 6-53 family-based safety services and case management and includes:

6-54 (1) caseworker visits with the child and all
 6-55 caregivers;

6-56 (2) family visits;

6-57 (3) family group conferencing or family group
 6-58 decision-making;

6-59 (4) development of the family plan of service;

6-60 (5) monitoring, developing, securing, and
 6-61 coordinating services;

6-62 (6) evaluating the progress of children, caregivers,
 6-63 and families receiving services;

6-64 (7) assuring that the rights of children, caregivers,
 6-65 and families receiving services are protected;

6-66 (8) duties relating to family-based safety services
 6-67 ordered by a court, including:

6-68 (A) providing any required notifications or
 6-69 consultations;

7-1 (B) preparing court reports;
7-2 (C) attending judicial hearings, trials, and
7-3 mediations;
7-4 (D) complying with applicable court orders; and
7-5 (E) ensuring the child is progressing toward the
7-6 goal of permanency within state and federally mandated guidelines;
7-7 and
7-8 (9) any other function or service that the department
7-9 determines is necessary to allow a single source continuum
7-10 contractor to assume responsibility for case management.
7-11 (b) The department shall develop and implement in two child
7-12 protective services regions of the state a pilot program under
7-13 which the commission contracts with a single nonprofit entity that
7-14 has an organizational mission focused on child welfare or a
7-15 governmental entity in each region to provide family-based safety
7-16 services and case management for children and families receiving
7-17 family-based safety services. The contract must include a
7-18 transition plan for the provision of services that ensures the
7-19 continuity of services for children and families in the selected
7-20 regions.
7-21 (c) The contract with an entity must include
7-22 performance-based provisions that require the entity to achieve the
7-23 following outcomes for families receiving services from the entity:
7-24 (1) a decrease in recidivism;
7-25 (2) an increase in protective factors; and
7-26 (3) any other performance-based outcome specified by
7-27 the department.
7-28 (d) The commission may only contract for implementation of
7-29 the pilot program with entities that the department considers to
7-30 have the capacity to provide, either directly or through
7-31 subcontractors, an array of evidence-based, promising practice, or
7-32 evidence-informed services and support programs to children and
7-33 families in the selected child protective services regions.
7-34 (e) The contracted entity must perform all statutory duties
7-35 of the department in connection with the delivery of the services
7-36 specified in Subsection (b).
7-37 (f) Not later than December 31, 2018, the department shall
7-38 report to the appropriate standing committees of the legislature
7-39 having jurisdiction over child protective services and foster care
7-40 matters on the progress of the pilot program. The report must
7-41 include:
7-42 (1) an evaluation of each contracted entity's success
7-43 in achieving the outcomes described by Subsection (c); and
7-44 (2) a recommendation as to whether the pilot program
7-45 should be continued, expanded, or terminated.
7-46 (b) Section 264.126, Family Code, is transferred to
7-47 Subchapter B-1, Chapter 264, Family Code, as added by this section,
7-48 redesignated as Section 264.152, Family Code, and amended to read
7-49 as follows:
7-50 Sec. 264.152 [264.126]. COMMUNITY-BASED CARE [REDESIGN]
7-51 IMPLEMENTATION PLAN. (a) The department shall develop and
7-52 maintain a plan for implementing community-based [the foster] care
7-53 [redesign required by Chapter 598 (S.B. 218), Acts of the 82nd
7-54 Legislature, Regular Session, 2011]. The plan must:
7-55 (1) describe the department's expectations, goals, and
7-56 approach to implementing community-based [foster] care [redesign];
7-57 (2) include a timeline for implementing
7-58 community-based [the foster] care [redesign] throughout this
7-59 state, any limitations related to the implementation, and a
7-60 progressive intervention plan and a contingency plan to provide
7-61 continuity of the delivery of foster care services and services for
7-62 relative and kinship caregivers [service delivery] if a contract
7-63 with a single source continuum contractor ends prematurely;
7-64 (3) delineate and define the case management roles and
7-65 responsibilities of the department and the department's
7-66 contractors and the duties, employees, and related funding that
7-67 will be transferred to the contractor by the department;
7-68 (4) identify any training needs and include long-range
7-69 and continuous plans for training and cross-training staff,

8-1 including plans to train caseworkers using the standardized
 8-2 curriculum created by the human trafficking prevention task force
 8-3 under Section 402.035(d)(6), Government Code, as that section
 8-4 existed on August 31, 2017;

8-5 (5) include a plan for evaluating the costs and tasks
 8-6 associated with each contract procurement, including the initial
 8-7 and ongoing contract costs for the department and contractor;

8-8 (6) include the department's contract monitoring
 8-9 approach and a plan for evaluating the performance of each
 8-10 contractor and the community-based [~~Foster~~] care [~~redesign~~] system
 8-11 as a whole that includes an independent evaluation of processes and
 8-12 outcomes; and

8-13 (7) include a report on transition issues resulting
 8-14 from implementation of community-based [~~the Foster~~] care
 8-15 [~~redesign~~].

8-16 (b) The department shall annually:

8-17 (1) update the implementation plan developed under
 8-18 this section and post the updated plan on the department's Internet
 8-19 website; and

8-20 (2) post on the department's Internet website the
 8-21 progress the department has made toward its goals for implementing
 8-22 community-based [~~the Foster~~] care [~~redesign~~].

8-23 (c) Section 264.153, Family Code, as added by this section,
 8-24 applies only to a contract entered into with a single source
 8-25 continuum contractor on or after the effective date of this
 8-26 section.

8-27 SECTION 7. Subchapter A, Chapter 265, Family Code, is
 8-28 amended by adding Sections 265.0041, 265.0042, 265.0043, and
 8-29 265.0044 to read as follows:

8-30 Sec. 265.0041. GEOGRAPHIC RISK MAPPING FOR PREVENTION AND
 8-31 EARLY INTERVENTION SERVICES. (a) The department shall use risk
 8-32 terrain modeling systems, predictive analytic systems, or
 8-33 geographic risk assessments or shall develop a system or assessment
 8-34 under Subsection (c) to:

8-35 (1) identify geographic areas that have high risk
 8-36 indicators of child maltreatment and child fatalities resulting
 8-37 from abuse or neglect; and

8-38 (2) target the implementation and use of prevention
 8-39 and early intervention services to those geographic areas.

8-40 (b) The department may not use data gathered under this
 8-41 section to identify a specific family or individual.

8-42 (c) The Health and Human Services Commission, on behalf of
 8-43 the department, may enter into agreements with institutions of
 8-44 higher education to develop or adapt, in coordination with the
 8-45 department, a risk terrain modeling system, a predictive analytic
 8-46 system, or a geographic risk assessment to be used for purposes of
 8-47 this section.

8-48 Sec. 265.0042. COLLABORATION WITH INSTITUTIONS OF HIGHER
 8-49 EDUCATION. (a) Subject to the availability of funds, the Health
 8-50 and Human Services Commission, on behalf of the department, shall
 8-51 enter into agreements with institutions of higher education to
 8-52 conduct efficacy reviews of any prevention and early intervention
 8-53 programs that have not previously been evaluated for effectiveness
 8-54 through a scientific research evaluation process.

8-55 (b) Subject to the availability of funds, the department
 8-56 shall collaborate with an institution of higher education to create
 8-57 and track indicators of child well-being to determine the
 8-58 effectiveness of prevention and early intervention services.

8-59 Sec. 265.0043. INTERAGENCY SHARING OF DATA FOR RISK TERRAIN
 8-60 MODELING. (a) Notwithstanding any other provision of law, state
 8-61 agencies, including the Texas Education Agency, the Texas Juvenile
 8-62 Justice Department, and the Department of Public Safety, shall
 8-63 disclose information related to child abuse or neglect only to the
 8-64 prevention and early intervention services division of the
 8-65 department for the purpose of implementing Section 265.0041.

8-66 (b) The prevention and early intervention services division
 8-67 may not disclose information received under this section to any
 8-68 other state agency or division of the department.

8-69 Sec. 265.0044. ETHICAL GUIDELINES. The executive

9-1 commissioner of the Health and Human Services Commission shall
9-2 develop guidelines regarding:

9-3 (1) the type of risk terrain modeling data to be
9-4 collected by the department and the acceptable uses of the data; and

9-5 (2) the methods for sharing final geographic risk maps
9-6 with external prevention services providers.

9-7 SECTION 8. Section 265.005(b), Family Code, is amended to
9-8 read as follows:

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

9-10 (1) identify methods to leverage other sources of
9-11 funding or provide support for existing community-based prevention
9-12 efforts;

9-13 (2) include a needs assessment that identifies
9-14 programs to best target the needs of the highest risk populations
9-15 and geographic areas;

9-16 (3) identify the goals and priorities for the
9-17 department's overall prevention efforts;

9-18 (4) report the results of previous prevention efforts
9-19 using available information in the plan;

9-20 (5) identify additional methods of measuring program
9-21 effectiveness and results or outcomes;

9-22 (6) identify methods to collaborate with other state
9-23 agencies on prevention efforts; ~~and~~

9-24 (7) identify specific strategies to implement the plan
9-25 and to develop measures for reporting on the overall progress
9-26 toward the plan's goals; and

9-27 (8) identify specific strategies to increase local
9-28 capacity for the delivery of prevention and early intervention
9-29 services through collaboration with communities and stakeholders.

9-30 SECTION 9. Section 266.012, Family Code, is amended by
9-31 adding Subsection (c) to read as follows:

9-32 (c) A single source continuum contractor under Subchapter
9-33 B-1, Chapter 264, providing therapeutic foster care services to a
9-34 child shall ensure that the child receives a comprehensive
9-35 assessment under this section at least once every 90 days.

9-36 SECTION 10. (a) Section 531.02013, Government Code, is
9-37 amended to read as follows:

9-38 Sec. 531.02013. FUNCTIONS REMAINING WITH CERTAIN AGENCIES.
9-39 The following functions are not subject to transfer under Sections
9-40 531.0201 and 531.02011:

9-41 (1) the functions of the Department of Family and
9-42 Protective Services, including the statewide intake of reports and
9-43 other information, related to the following:

9-44 (A) child protective services, including
9-45 services that are required by federal law to be provided by this
9-46 state's child welfare agency;

9-47 (B) adult protective services, other than
9-48 investigations of the alleged abuse, neglect, or exploitation of an
9-49 elderly person or person with a disability:

9-50 (i) in a facility operated, or in a facility
9-51 or by a person licensed, certified, or registered, by a state
9-52 agency; or

9-53 (ii) by a provider that has contracted to
9-54 provide home and community-based services; ~~and~~

9-55 (C) prevention and early intervention services;
9-56 and

9-57 (D) investigations of alleged abuse, neglect, or
9-58 exploitation occurring at a child-care facility, as that term is
9-59 defined in Section 40.042, Human Resources Code; and

9-60 (2) the public health functions of the Department of
9-61 State Health Services, including health care data collection and
9-62 maintenance of the Texas Health Care Information Collection
9-63 program.

9-64 (b) Notwithstanding any provision of Subchapter A-1,
9-65 Chapter 531, Government Code, or any other law, the responsibility
9-66 for conducting investigations of reports of abuse, neglect, or
9-67 exploitation occurring at a child-care facility, as that term is
9-68 defined in Section 40.042, Human Resources Code, as added by this
9-69 Act, may not be transferred to the Health and Human Services

10-1 Commission and remains the responsibility of the Department of
10-2 Family and Protective Services.

10-3 (c) As soon as possible after the effective date of this
10-4 section, the commissioner of the Department of Family and
10-5 Protective Services shall transfer the responsibility for
10-6 conducting investigations of reports of abuse, neglect, or
10-7 exploitation occurring at a child-care facility, as that term is
10-8 defined in Section 40.042, Human Resources Code, as added by this
10-9 Act, to the child protective services division of the department.
10-10 The commissioner shall transfer appropriate investigators and
10-11 staff as necessary to implement this section.

10-12 (d) This section takes effect immediately if this Act
10-13 receives a vote of two-thirds of all the members of each house, as
10-14 provided by Section 39, Article III, Texas Constitution. If this
10-15 Act does not receive the vote necessary for this section to take
10-16 immediate effect, this section takes effect on the 91st day after
10-17 the last day of the legislative session.

10-18 SECTION 11. (a) Subchapter A, Chapter 533, Government
10-19 Code, is amended by adding Section 533.0054 to read as follows:

10-20 Sec. 533.0054. HEALTH SCREENING REQUIREMENTS FOR ENROLLEE
10-21 UNDER STAR HEALTH PROGRAM. (a) A managed care organization that
10-22 contracts with the commission to provide health care services to
10-23 recipients under the STAR Health program must ensure that enrollees
10-24 receive a complete early and periodic screening, diagnosis, and
10-25 treatment checkup in accordance with the requirements specified in
10-26 the contract between the managed care organization and the
10-27 commission.

10-28 (b) The commission shall include a provision in a contract
10-29 with a managed care organization to provide health care services to
10-30 recipients under the STAR Health program specifying progressive
10-31 monetary penalties for the organization's failure to comply with
10-32 Subsection (a).

10-33 (b) The Health and Human Services Commission shall, in a
10-34 contract for the provision of health care services under the STAR
10-35 Health program between the commission and a managed care
10-36 organization under Chapter 533, Government Code, that is entered
10-37 into, renewed, or extended on or after the effective date of this
10-38 section, require that the managed care organization comply with
10-39 Section 533.0054, Government Code, as added by this section.

10-40 (c) The Health and Human Services Commission may not impose
10-41 a monetary penalty for noncompliance with a contract provision
10-42 described by Section 533.0054(b), Government Code, as added by this
10-43 section, until September 1, 2018.

10-44 (d) If before implementing Section 533.0054, Government
10-45 Code, as added by this section, the Health and Human Services
10-46 Commission determines that a waiver or authorization from a federal
10-47 agency is necessary for implementation of that provision, the
10-48 agency affected by the provision shall request the waiver or
10-49 authorization and may delay implementing that provision until the
10-50 waiver or authorization is granted.

10-51 SECTION 12. (a) Subchapter A, Chapter 533, Government
10-52 Code, is amended by adding Section 533.0056 to read as follows:

10-53 Sec. 533.0056. STAR HEALTH PROGRAM: NOTIFICATION OF
10-54 PLACEMENT CHANGE. A contract between a managed care organization
10-55 and the commission for the organization to provide health care
10-56 services to recipients under the STAR Health program must require
10-57 the organization to ensure continuity of care for a child whose
10-58 placement has changed by:

10-59 (1) notifying each specialist treating the child of
10-60 the placement change; and

10-61 (2) coordinating the transition of care from the
10-62 child's previous treating primary care physician and treating
10-63 specialists to the child's new treating primary care physician and
10-64 treating specialists, if any.

10-65 (b) The changes in law made by this section apply only to a
10-66 contract for the provision of health care services under the STAR
10-67 Health program between the Health and Human Services Commission and
10-68 a managed care organization under Chapter 533, Government Code,
10-69 that is entered into, renewed, or extended on or after the effective

11-1 date of this section.

11-2 (c) If before implementing Section 533.0056, Government
11-3 Code, as added by this section, the Health and Human Services
11-4 Commission determines that a waiver or authorization from a federal
11-5 agency is necessary for implementation of that provision, the
11-6 health and human services agency affected by the provision shall
11-7 request the waiver or authorization and may delay implementing that
11-8 provision until the waiver or authorization is granted.

11-9 SECTION 13. (a) Subchapter B, Chapter 40, Human Resources
11-10 Code, is amended by adding Sections 40.039, 40.040, 40.041, and
11-11 40.042 to read as follows:

11-12 Sec. 40.039. REVIEW OF RECORDS RETENTION POLICY. The
11-13 department shall periodically review the department's records
11-14 retention policy with respect to case and intake records relating
11-15 to department functions. The department shall make changes to the
11-16 policy consistent with the records retention schedule submitted
11-17 under Section 441.185, Government Code, that are necessary to
11-18 improve case prioritization and the routing of cases to the
11-19 appropriate division of the department. The department may adopt
11-20 rules necessary to implement this section.

11-21 Sec. 40.040. CASE MANAGEMENT VENDOR QUALITY OVERSIGHT AND
11-22 ASSURANCE DIVISION; MONITORING OF CONTRACT ADHERENCE. (a) In this
11-23 section, "case management," "catchment area," and "community-based
11-24 care" have the meanings assigned by Section 264.151, Family Code.

11-25 (b) The department shall create within the department the
11-26 case management services vendor quality oversight and assurance
11-27 division. The division shall:

11-28 (1) oversee quality and ensure accountability of any
11-29 vendor that provides community-based care and full case management
11-30 services for the department under community-based care; and

11-31 (2) monitor the transfer from the department to a
11-32 vendor of full case management services for children and families
11-33 receiving services from the vendor, including any transfer
11-34 occurring under a pilot program.

11-35 (c) The commission shall contract with an outside vendor
11-36 with expertise in quality assurance to develop, in coordination
11-37 with the department, a contract monitoring system and standards for
11-38 the continuous monitoring of the adherence of a vendor providing
11-39 foster care services under community-based care to the terms of the
11-40 contract entered into by the vendor and the commission. The
11-41 standards must include performance benchmarks relating to the
11-42 provision of case management services in the catchment area where
11-43 the vendor operates.

11-44 (d) The division shall collect and analyze data comparing
11-45 outcomes on performance measures between catchment areas where
11-46 community-based care has been implemented and regions where
11-47 community-based care has not been implemented.

11-48 Sec. 40.041. OFFICE OF DATA ANALYTICS. The department
11-49 shall create an office of data analytics. The office shall report
11-50 to the deputy commissioner and may perform any of the following
11-51 functions, as determined by the department:

11-52 (1) monitor management trends;

11-53 (2) analyze employee exit surveys and interviews;

11-54 (3) evaluate the effectiveness of employee retention
11-55 efforts, including merit pay;

11-56 (4) create and manage a system for handling employee
11-57 complaints submitted by the employee outside of an employee's
11-58 direct chain of command, including anonymous complaints;

11-59 (5) monitor and provide reports to department
11-60 management personnel on:

11-61 (A) employee complaint data and trends in
11-62 employee complaints;

11-63 (B) compliance with annual department
11-64 performance evaluation requirements; and

11-65 (C) the department's use of positive performance
11-66 levels for employees;

11-67 (6) track employee tenure and internal employee
11-68 transfers within both the child protective services division and
11-69 the department;

12-1 (7) use data analytics to predict workforce shortages
 12-2 and identify areas of the department with high rates of employee
 12-3 turnover, and develop a process to inform the deputy commissioner
 12-4 and other appropriate staff regarding the office's findings;
 12-5 (8) create and monitor reports on key metrics of
 12-6 agency performance;
 12-7 (9) analyze available data, including data on employee
 12-8 training, for historical and predictive department trends; and
 12-9 (10) conduct any other data analysis the department
 12-10 determines to be appropriate for improving performance, meeting the
 12-11 department's current business needs, or fulfilling the powers and
 12-12 duties of the department.

12-13 Sec. 40.042. INVESTIGATIONS OF CHILD ABUSE, NEGLECT, AND
 12-14 EXPLOITATION. (a) In this section, "child-care facility"
 12-15 includes a facility, licensed or unlicensed child-care facility,
 12-16 family home, residential child-care facility, employer-based
 12-17 day-care facility, or shelter day-care facility, as those terms are
 12-18 defined in Chapter 42, Human Resources Code.

12-19 (b) For all investigations of child abuse or neglect
 12-20 conducted by the child protective services division of the
 12-21 department, the department shall adopt the definitions of abuse and
 12-22 neglect provided in Section 261.001, Family Code.

12-23 (c) For all investigations of child exploitation conducted
 12-24 by the child protective services division of the department, the
 12-25 department shall adopt the definition of exploitation provided in
 12-26 Section 261.401, Family Code.

12-27 (d) The department shall establish standardized policies to
 12-28 be used during investigations.

12-29 (e) The commissioner may establish units within the child
 12-30 protective services division of the department to specialize in
 12-31 investigating allegations of child abuse and neglect occurring at a
 12-32 child-care facility.

12-33 (f) The department may require that investigators who
 12-34 specialize in allegations of child abuse and neglect occurring at
 12-35 child-care facilities receive ongoing training on the minimum
 12-36 licensing standards for any facilities that are applicable to the
 12-37 investigator's specialization.

12-38 (g) After an investigation of abuse, neglect, or
 12-39 exploitation occurring at a child-care facility, the department
 12-40 shall provide the state agency responsible for regulating the
 12-41 facility with access to any information relating to the
 12-42 department's investigation. Providing access to confidential
 12-43 information under this subsection does not constitute a waiver of
 12-44 confidentiality.

12-45 (h) The department may adopt rules to implement this
 12-46 section.

12-47 (b) As soon as possible after the effective date of this
 12-48 Act, the commissioner of the Department of Family and Protective
 12-49 Services shall establish the office of data analytics required by
 12-50 Section 40.041, Human Resources Code, as added by this section. The
 12-51 commissioner and the executive commissioner of the Health and Human
 12-52 Services Commission shall transfer appropriate staff as necessary
 12-53 to conduct the duties of the office.

12-54 (c) The Department of Family and Protective Services must
 12-55 implement the standardized definitions and policies required under
 12-56 Sections 40.042(b), (c), and (d), Human Resources Code, as added by
 12-57 this Act, not later than December 1, 2017.

12-58 SECTION 14. (a) Section 40.058(f), Human Resources Code,
 12-59 is amended to read as follows:

12-60 (f) A contract for residential child-care services provided
 12-61 by a general residential operation or by a child-placing agency
 12-62 must include provisions that:

12-63 (1) enable the department and commission to monitor
 12-64 the effectiveness of the services;

12-65 (2) specify performance outcomes, financial penalties
 12-66 for failing to meet any specified performance outcomes, and
 12-67 financial incentives for exceeding any specified performance
 12-68 outcomes;

12-69 (3) authorize the department or commission to

13-1 terminate the contract or impose monetary sanctions for a violation
 13-2 of a provision of the contract that specifies performance criteria
 13-3 or for underperformance in meeting any specified performance
 13-4 outcomes;

13-5 (4) authorize the department or commission, an agent
 13-6 of the department or commission, and the state auditor to inspect
 13-7 all books, records, and files maintained by a contractor relating
 13-8 to the contract; and

13-9 (5) are necessary, as determined by the department or
 13-10 commission, to ensure accountability for the delivery of services
 13-11 and for the expenditure of public funds.

13-12 (b) The Health and Human Services Commission shall, in a
 13-13 contract for residential child-care services between the
 13-14 commission and a general residential operation or child-placing
 13-15 agency that is entered into on or after the effective date of this
 13-16 section, including a renewal contract, include the provisions
 13-17 required by Section 40.058(f), Human Resources Code, as amended by
 13-18 this section.

13-19 (c) The Health and Human Services Commission shall seek to
 13-20 amend contracts for residential child-care services entered into
 13-21 with general residential operations or child-placing agencies
 13-22 before the effective date of this section to include the provisions
 13-23 required by Section 40.058(f), Human Resources Code, as amended by
 13-24 this section.

13-25 (d) The Department of Family and Protective Services and the
 13-26 Health and Human Services Commission may not impose a financial
 13-27 penalty against a general residential operation or child-placing
 13-28 agency under a contract provision described by Section 40.058(f)(2)
 13-29 or (3), Human Resources Code, as amended by this section, until
 13-30 September 1, 2018.

13-31 SECTION 15. (a) Subchapter C, Chapter 40, Human Resources
 13-32 Code, is amended by adding Section 40.0581 to read as follows:

13-33 Sec. 40.0581. PERFORMANCE MEASURES FOR CERTAIN SERVICE
 13-34 PROVIDER CONTRACTS. (a) The commission, in collaboration with the
 13-35 department, shall contract with a vendor or enter into an agreement
 13-36 with an institution of higher education to develop, in coordination
 13-37 with the department, performance quality metrics for family-based
 13-38 safety services and post-adoption support services providers. The
 13-39 quality metrics must be included in each contract with those
 13-40 providers.

13-41 (b) Each provider whose contract with the commission to
 13-42 provide department services includes the quality metrics developed
 13-43 under Subsection (a) must prepare and submit to the department a
 13-44 report each calendar quarter regarding the provider's performance
 13-45 based on the quality metrics.

13-46 (c) The commissioner shall compile a summary of all reports
 13-47 prepared and submitted to the department by family-based safety
 13-48 services providers as required by Subsection (b) and distribute the
 13-49 summary to appropriate family-based safety services caseworkers
 13-50 and child protective services region management once each calendar
 13-51 quarter.

13-52 (d) The commissioner shall compile a summary of all reports
 13-53 prepared and submitted to the department by post-adoption support
 13-54 services providers as required by Subsection (b) and distribute the
 13-55 summary to appropriate conservatorship and adoption caseworkers
 13-56 and child protective services region management.

13-57 (e) The department shall make the summaries prepared under
 13-58 Subsections (c) and (d) available to families that are receiving
 13-59 family-based safety services and to adoptive families.

13-60 (f) This section does not apply to a provider that has
 13-61 entered into a contract with the commission to provide family-based
 13-62 safety services under Section 264.164, Family Code.

13-63 (b) The quality metrics required by Section 40.0581, Human
 13-64 Resources Code, as added by this section, must be developed not
 13-65 later than September 1, 2018, and included in any contract,
 13-66 including a renewal contract, entered into by the Health and Human
 13-67 Services Commission with a family-based safety services provider or
 13-68 a post-adoption support services provider on or after January 1,
 13-69 2019, except as provided by Section 40.0581(f), Human Resources

14-1 Code, as added by this section.

14-2 SECTION 16. (a) Subchapter C, Chapter 42, Human Resources
14-3 Code, is amended by adding Section 42.0432 to read as follows:

14-4 Sec. 42.0432. HEALTH SCREENING REQUIREMENTS FOR CHILD

14-5 PLACED WITH CHILD-PLACING AGENCY. (a) A child-placing agency or

14-6 general residential operation that contracts with the department to

14-7 provide services must ensure that the children that are in the

14-8 managing conservatorship of the department and are placed with the

14-9 child-placing agency or general residential operation receive a

14-10 complete early and periodic screening, diagnosis, and treatment

14-11 checkup in accordance with the requirements specified in the

14-12 contract between the child-placing agency or general residential

14-13 operation and the department.

14-14 (b) The commission shall include a provision in a contract

14-15 with a child-placing agency or general residential operation

14-16 specifying progressive monetary penalties for the child-placing

14-17 agency's or general residential operation's failure to comply with

14-18 Subsection (a).

14-19 (b) A child-placing agency or general residential operation

14-20 that contracts to provide services for the Department of Family and

14-21 Protective Services must comply with the requirements of Section

14-22 42.0432, Human Resources Code, as added by this section, not later

14-23 than August 31, 2018. The department and the Health and Human

14-24 Services Commission may not impose a monetary penalty for

14-25 noncompliance with a contract provision described by that section

14-26 until September 1, 2018.

14-27 SECTION 17. Except as otherwise provided by this Act, this

14-28 Act takes effect September 1, 2017.

14-29 * * * * *