

AN ACT

relating to the provision of health and human services by the Department of Family and Protective Services and the Health and Human Services Commission.

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

SECTION 1. Subchapter E, Chapter 263, Family Code, is amended by adding Section 263.409 to read as follows:

Sec. 263.409. FINAL NOTIFICATION OF BENEFITS RELATED TO KINSHIP VERIFICATION. Before a court enters a final order naming a relative or another adult with a longstanding and significant relationship with a foster child as the permanent managing conservator for the child, the court shall verify that:

(1) the individual was offered the opportunity to become verified by a licensed child-placing agency to qualify for permanency care assistance benefits under Subchapter K, Chapter 264, and the individual declined the verification process and the permanency care assistance benefits; and

(2) the child-placing agency conducting the verification for the individual's permanency care assistance benefits has been notified of the individual's decision to decline the permanency care assistance benefits.

SECTION 2. Section 264.107(g), Family Code, is amended to read as follows:

(g) If the department or single source continuum contractor

1 is unable to find an appropriate placement for a child, an employee  
2 of the department or contractor who has on file with the department  
3 or contractor, as applicable, a background and criminal history  
4 check may provide temporary emergency care for the child. The [~~An~~]  
5 employee may not provide emergency care under this subsection in  
6 the employee's residence. The department or contractor shall  
7 provide notice to the court for a child placed in temporary care  
8 under this subsection not later than the next business day after the  
9 date the child is placed in temporary care.

10 SECTION 3. Subchapter B, Chapter 264, Family Code, is  
11 amended by adding Sections 264.1071 and 264.1073 to read as  
12 follows:

13 Sec. 264.1071. OFFICE STAYS PROHIBITED. The department may  
14 not allow a child to stay overnight in a department office.

15 Sec. 264.1073. TREATMENT FOSTER CARE. The department and  
16 single source continuum contractors shall:

17 (1) lessen employment restrictions to allow single  
18 parents to participate in treatment foster care, when quality care  
19 is assured;

20 (2) expand the eligible age for treatment foster care  
21 to include children 10 years of age or older;

22 (3) prepare and plan for the subsequent placement not  
23 later than the 30th day after a child is placed in treatment foster  
24 care to assist in the transition to the least restrictive  
25 placement; and

26 (4) extend the length of time for a treatment foster  
27 care placement.

1 SECTION 4. Subchapter B, Chapter 264, Family Code, is  
2 amended by adding Section 264.117 to read as follows:

3 Sec. 264.117. MENTORS FOR FOSTER CHILDREN. (a) The  
4 department and each single source continuum contractor in this  
5 state, in collaboration with local governmental entities and  
6 faith- and community-based organizations, shall examine the  
7 feasibility of designing a volunteer mentor program for children in  
8 congregate care settings.

9 (b) Not later than December 31, 2022, the department shall  
10 report its findings and recommendations for establishing a mentor  
11 program to the legislature.

12 (c) This section expires September 1, 2023.

13 SECTION 5. (a) Section 264.1261, Family Code, is amended by  
14 adding Subsections (b-1), (b-2), (b-3), and (b-4) to read as  
15 follows:

16 (b-1) Notwithstanding Section 264.0011, the Health and  
17 Human Services Commission, in collaboration with the department and  
18 each single source continuum contractor in this state, shall  
19 develop a plan to increase the placement capacity in each catchment  
20 area of the state with the goal of eliminating the need to place a  
21 child outside of the child's community. In developing the plan, the  
22 commission shall:

23 (1) evaluate whether contracting for additional  
24 capacity at residential treatment centers, facilities that provide  
25 mental inpatient or outpatient beds for crisis intervention and  
26 stabilization purposes only for children with severe behavioral  
27 health or mental health needs, and other potential temporary

1 placement options provides the best methods for meeting capacity  
2 shortages; and

3 (2) make a recommendation to the department regarding  
4 contracting for additional capacity.

5 (b-2) A plan developed under Subsection (b-1) that includes  
6 the use of an inpatient or outpatient mental health facility must  
7 require the facility to discharge a child placed in the facility not  
8 later than 72 hours after the treating health care provider  
9 determines it is not medically necessary for the child to remain in  
10 the facility.

11 (b-3) The plan developed under Subsection (b-1) must  
12 include information and contingency plans to ensure adequate  
13 capacity in other facilities to meet placement needs when a  
14 facility is placed on probation.

15 (b-4) The department and each single source continuum  
16 contractor shall contract with facilities for reserve beds to  
17 ensure the department may place each child in a facility if capacity  
18 is otherwise unavailable.

19 (b) Sections [264.1261](#)(a) and (b), Family Code, as added by  
20 Chapter 822 (H.B. 1549), Acts of the 85th Legislature, Regular  
21 Session, 2017, are repealed.

22 SECTION 6. Section [264.152](#)(4), Family Code, is amended to  
23 read as follows:

24 (4) "Community-based care" means the provision of  
25 child welfare services in accordance with state and federal child  
26 welfare goals by a community-based nonprofit or a local  
27 governmental entity under a contract that includes direct case

1 management to:

2 (A) prevent entry into foster care;

3 (B) reunify and preserve families;

4 (C) ensure child safety, permanency, and  
5 well-being; and

6 (D) reduce future referrals of children or  
7 parents to the department [~~foster care redesign required by Chapter~~  
8 ~~598 (S.B. 218), Acts of the 82nd Legislature, Regular Session,~~  
9 ~~2011, as designed and implemented in accordance with the plan~~  
10 ~~required by Section 264.153].~~

11 SECTION 7. Section 264.154, Family Code, is amended by  
12 amending Subsection (a) and adding Subsection (c) to read as  
13 follows:

14 (a) To enter into a contract with the commission or  
15 department to serve as a single source continuum contractor to  
16 provide services under this subchapter [~~foster care service~~  
17 ~~delivery~~], an entity must be:

18 (1) a nonprofit entity that has:

19 (A) an organizational mission focused on child  
20 welfare; and

21 (B) a majority of the entity's board members  
22 residing in this state; or

23 (2) a governmental entity.

24 (c) The department shall request local stakeholders in a  
25 catchment area, including those listed in Section 264.155(a)(8), to  
26 provide any necessary information about the catchment area that  
27 will assist the department in:

1           (1) preparing the department's request for bids,  
2 proposals, or other applicable expressions of interest to provide  
3 community-based care in the catchment area; and

4           (2) selecting a single source continuum contractor to  
5 provide community-based care in the catchment area.

6           SECTION 8. Section 264.155, Family Code, is amended to read  
7 as follows:

8           Sec. 264.155. REQUIRED CONTRACT PROVISIONS. (a) A  
9 contract with a single source continuum contractor to provide  
10 community-based care services in a catchment area must include  
11 provisions that:

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

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

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

21           (2) establish conditions for the single source  
22 continuum contractor's access to relevant department data and  
23 require the participation of the contractor in the data access and  
24 standards governance council created under Section 264.159;

25           (3) require the single source continuum contractor to  
26 create a single process for the training and use of alternative  
27 caregivers for all child-placing agencies in the catchment area to

1 facilitate reciprocity of licenses for alternative caregivers  
2 between agencies, including respite and overnight care providers,  
3 as those terms are defined by department rule;

4 (4) require the single source continuum contractor to  
5 maintain a diverse network of service providers that offer a range  
6 of foster capacity options and that can accommodate children from  
7 diverse cultural backgrounds;

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

14 (6) following the review under Subdivision (5), allow  
15 the department to:

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

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

20 (7) require the contractor to give preference for  
21 employment to employees of the department:

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

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

26 (8) require the contractor to provide preliminary and  
27 ongoing community engagement plans to ensure communication and

1 collaboration with local stakeholders in the catchment area,  
2 including any of the following:

- 3 (A) community faith-based entities;
- 4 (B) the judiciary;
- 5 (C) court-appointed special advocates;
- 6 (D) child advocacy centers;
- 7 (E) service providers;
- 8 (F) foster families;
- 9 (G) biological parents;
- 10 (H) foster youth and former foster youth;
- 11 (I) relative or kinship caregivers;
- 12 (J) child welfare boards, if applicable;
- 13 (K) attorneys ad litem;
- 14 (L) attorneys that represent parents involved in  
15 suits filed by the department; and
- 16 (M) any other stakeholders, as determined by the  
17 contractor; and

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

23 (b) A contract with a single source continuum contractor  
24 under this subchapter must be consistent with the requirements of  
25 applicable law and may only include terms authorized by the laws or  
26 rules of this state.

27 (c) In regions identified for implementing community-based



1 care and in regions where community-based care has been  
2 implemented, a contractor may apply to the department for a waiver  
3 from any statutory and regulatory requirement to increase  
4 innovation and flexibility for achieving contractual performance  
5 outcomes.

6 SECTION 9. Sections 264.157(a), (b), and (c), Family Code,  
7 are amended to read as follows:

8 (a) Not later than the last day of the state fiscal biennium  
9 ~~[December 31, 2019]~~, the department shall:

10 (1) identify the ~~[not more than eight]~~ catchment areas  
11 in the state where the department will implement ~~[that are best~~  
12 ~~suited to implement]~~ community-based care; and

13 (2) following the implementation of community-based  
14 care services in those catchment areas, retain an entity based in  
15 this state that is independent of the department to conduct an  
16 evaluation of ~~[evaluate]~~ the implementation process and the single  
17 source continuum contractor performance in each catchment area.

18 (b) Notwithstanding the process for the expansion of  
19 community-based care described in Subsection (a), ~~[and in~~  
20 ~~accordance with the community-based care implementation plan~~  
21 ~~developed under Section 264.153, beginning September 1, 2017,]~~ the  
22 department shall accept and evaluate unsolicited proposals ~~[begin~~  
23 ~~accepting applications]~~ from entities based in this state to  
24 provide community-based care services in a geographic service  
25 ~~[designated catchment]~~ area where the department has not  
26 implemented community-based care. An entity that submits a proposal  
27 to provide community-based care services must ensure that it meets

1 all criteria outlined by this subchapter and must demonstrate  
2 established connections to the area the entity proposes to  
3 serve. The Health and Human Services Commission in conjunction with  
4 the department shall adopt rules to ensure that proposals submitted  
5 under this subsection comply with state procurement laws and rules.

6 (c) In expanding community-based care, the department may  
7 change the geographic boundaries of catchment areas as necessary to  
8 align with specific communities or to enable satisfactory  
9 unsolicited proposals for community-based care services to be  
10 accepted and implemented.

11 SECTION 10. Section 264.158, Family Code, is amended by  
12 adding Subsection (d) to read as follows:

13 (d) A single source continuum contractor may implement its  
14 own procedures to execute the department's statutory duties the  
15 contractor assumes and is not required to follow the department's  
16 procedures to execute the assumed department duties.

17 SECTION 11. Section 264.159, Family Code, is amended to  
18 read as follows:

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

20 (a) The department shall create a data access and standards  
21 governance council to develop protocols for the interoperable  
22 electronic transfer of data from single source continuum  
23 contractors to the department to allow the contractors to perform  
24 case management functions and additional contracted services by the  
25 department.

26 (b) The council shall develop protocols for the access,  
27 management, and security of case data that is electronically shared

1 between [~~by~~] a single source continuum contractor and [~~with~~] the  
2 department.

3 (c) The council shall develop protocols for the access,  
4 management, and security of data shared with an independent entity  
5 retained to conduct the independent evaluations required under this  
6 subchapter. The protocols shall ensure the entity has full,  
7 unrestricted access to all relevant data necessary to perform an  
8 evaluation.

9 (d) The council consists of single source continuum  
10 contractors with active contracts and department employees who  
11 provide data, legal, information technology, and child protective  
12 services. The council shall meet at least quarterly during each  
13 calendar year.

14 SECTION 12. Subchapter B-1, Chapter 264, Family Code, is  
15 amended by adding Sections 264.171 and 264.172 to read as follows:

16 Sec. 264.171. JOINT LEGISLATIVE OVERSIGHT COMMITTEE ON  
17 COMMUNITY-BASED CARE TRANSITION. (a) Notwithstanding Section  
18 264.0011, in this section:

19 (1) "Commission" means the Health and Human Services  
20 Commission.

21 (2) "Committee" means the Joint Legislative Oversight  
22 Committee on Community-Based Care Transition.

23 (3) "Department" means the Department of Family and  
24 Protective Services.

25 (b) The Joint Legislative Oversight Committee on  
26 Community-Based Care Transition is composed of six voting members  
27 as follows:

1           (1) three members of the senate, appointed by the  
2 lieutenant governor; and

3           (2) three members of the house of representatives,  
4 appointed by the speaker of the house of representatives.

5           (c) The lieutenant governor and speaker of the house of  
6 representatives shall each appoint a member described by Subsection  
7 (b)(1) or (2), respectively, to serve as joint chairs of the  
8 committee.

9           (d) The committee shall meet at the call of the joint chairs  
10 and may consider public testimony.

11           (e) The committee may employ persons necessary to carry out  
12 this section through funds made available by the legislature.

13           (f) The committee shall monitor and report to the  
14 legislature on the following related to the implementation of  
15 community-based care:

16                   (1) the funding of community-based care;

17                   (2) the performance and outcomes of community-based  
18 care statewide and by region;

19                   (3) statutory or regulatory barriers to the successful  
20 implementation of community-based care; and

21                   (4) other challenges to the successful implementation  
22 of community-based care.

23           (g) The committee may request any relevant information from  
24 the commission, the department, or another relevant state agency,  
25 and the commission, department, or agency shall comply with the  
26 request, unless the provision of the information is prohibited by  
27 state or federal law.

1 (h) Not later than January 1 of each odd-numbered year, the  
2 committee shall submit a written report of the committee's findings  
3 and recommendations to the governor, the lieutenant governor, the  
4 speaker of the house of representatives, and each member of the  
5 standing committees of the senate and house of representatives  
6 having primary jurisdiction over child welfare issues.

7 (i) The committee shall monitor the continued  
8 implementation of community-based care and hold public hearings to  
9 receive comments from the public on the implementation of  
10 community-based care.

11 Sec. 264.172. OFFICE OF COMMUNITY-BASED CARE TRANSITION.

12 (a) In this section:

13 (1) "Department" means the Department of Family and  
14 Protective Services.

15 (2) "Office" means the Office of Community-Based Care  
16 Transition created under this section.

17 (b) The Office of Community-Based Care Transition is a state  
18 agency independent of but administratively attached to the  
19 department.

20 (c) The office shall:

21 (1) assess catchment areas in this state where  
22 community-based care services may be implemented;

23 (2) develop a plan for implementing community-based  
24 care in each catchment area in this state, including the order in  
25 which community-based care will be implemented in each catchment  
26 area and a timeline for implementation;

27 (3) evaluate community-based care providers;

1           (4) contract, on behalf of the department, with  
2 community-based care providers to provide services in each  
3 catchment area in this state;

4           (5) measure contract performance of community-based  
5 care providers;

6           (6) provide contract oversight of community-based  
7 care providers;

8           (7) report outcomes of community-based care  
9 providers;

10           (8) identify the employees and other resources to be  
11 transferred to the community-based care provider to provide the  
12 necessary implementation, case management, operational, and  
13 administrative functions and outline the methodology for  
14 determining the employees and resources to be transferred;

15           (9) create a risk-sharing funding model that  
16 strategically and explicitly balances financial risk between this  
17 state and the community-based care provider and mitigates the  
18 financial effects of significant unforeseen changes in the  
19 community-based care provider's duties or the population of the  
20 region it serves; and

21           (10) require the annual review and adjustment of the  
22 funding based on updated cost and finance methodologies, including  
23 changes in policy, foster care rates, and regional service usage.

24           (d) The department shall provide any administrative support  
25 the office needs, and the department and the Health and Human  
26 Services Commission shall provide access to any information and  
27 legal counsel the office requires to implement community-based

1 care.

2 (e) The governor shall appoint the director of the office to  
3 serve in that capacity at the pleasure of the governor. The  
4 director reports directly to the governor.

5 (f) The office shall report to the legislature at least once  
6 each calendar quarter regarding the implementation of  
7 community-based care in the state.

8 (g) A provision of this subchapter applicable to the  
9 department with respect to any duty assigned by this section to the  
10 office applies to the office in the same manner as the provision  
11 would apply to the department.

12 (h) Except as otherwise provided by this section, the  
13 department retains the powers and duties provided by this  
14 subchapter to the department.

15 (i) The office is abolished and this section expires on the  
16 date that community-based care is implemented in the last  
17 department region in this state.

18 SECTION 13. (a) Subchapter A, Chapter 533, Government  
19 Code, is amended by adding Sections 533.00521 and 533.00522 to read  
20 as follows:

21 Sec. 533.00521. STAR HEALTH PROGRAM: HEALTH CARE FOR  
22 FOSTER CHILDREN. (a) The commission shall annually evaluate the  
23 use of benefits under the Medicaid program in the STAR Health  
24 program offered to children in foster care and provide  
25 recommendations to the Department of Family and Protective Services  
26 and each single source continuum contractor in this state to better  
27 coordinate the provision of health care and use of those benefits

1 for children in foster care.

2 (b) In conducting the evaluation required under Subsection  
3 (a), the commission shall:

4 (1) collaborate with residential child-care providers  
5 regarding any unmet needs of children in foster care and the  
6 development of capacity for providing quality medical, behavioral  
7 health, and other services for children in foster care; and

8 (2) identify options to obtain federal matching funds  
9 under the Medical Assistance Program to pay for a safe home-like or  
10 community-based residential setting for a child in the  
11 conservatorship of the Department of Family and Protective  
12 Services:

13 (A) who is identified or diagnosed as having a  
14 serious behavioral or mental health condition that requires  
15 intensive treatment;

16 (B) who is identified as a victim of serious  
17 abuse or serious neglect;

18 (C) for whom a traditional substitute care  
19 placement contracted for or purchased by the department is not  
20 available or would further denigrate the child's behavioral or  
21 mental health condition; or

22 (D) for whom the department determines a safe  
23 home-like or community-based residential placement could stabilize  
24 the child's behavioral or mental health condition in order to  
25 return the child to a traditional substitute care placement.

26 (c) The commission shall report its findings to the standing  
27 committees of the senate and house of representatives having



1 jurisdiction over the Department of Family and Protective Services.

2 Sec. 533.00522. STAR HEALTH PROGRAM: MENTAL HEALTH  
3 PROVIDERS. A contract between a Medicaid managed care organization  
4 and the commission for the organization to provide health care  
5 services to recipients under the STAR Health program must require  
6 the organization to ensure the organization maintains a network of  
7 mental and behavioral health providers, including child  
8 psychiatrists and other appropriate providers, in all Department of  
9 Family and Protective Services regions in this state, regardless of  
10 whether community-based care has been implemented in any region.

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

17 (c) If before implementing Section 533.00522, Government  
18 Code, as added by this section, the Health and Human Services  
19 Commission determines that a waiver or authorization from a federal  
20 agency is necessary for implementation of that provision, the  
21 health and human services agency affected by the provision shall  
22 request the waiver or authorization and may delay implementing that  
23 provision until the waiver or authorization is granted.

24 SECTION 14. Section 2155.089(c), Government Code, is  
25 amended to read as follows:

26 (c) This section does not apply to:

27 (1) an enrollment contract described by 1 T.A.C.

1 Section 391.183 as that section existed on September 1, 2015;

2 (2) a contract of the Employees Retirement System of  
3 Texas except for a contract with a nongovernmental entity for  
4 claims administration of a group health benefit plan under Subtitle  
5 H, Title 8, Insurance Code; ~~[or]~~

6 (3) a contract entered into by:

7 (A) the comptroller under Section 2155.061; or

8 (B) the Department of Information Resources  
9 under Section 2157.068; or

10 (4) a child-specific contract entered into by the  
11 Department of Family and Protective Services for a child without  
12 placement.

13 SECTION 15. Section 2155.144(a), Government Code, is  
14 amended to read as follows:

15 (a) This section applies only to the Health and Human  
16 Services Commission, ~~[and to]~~ each health and human services  
17 agency, and the Department of Family and Protective Services. For  
18 the purposes of this section, the Department of Family and  
19 Protective Services is considered a health and human services  
20 agency.

21 SECTION 16. Subchapter C, Chapter 40, Human Resources Code,  
22 is amended by adding Section 40.05291 to read as follows:

23 Sec. 40.05291. ELECTRONIC CASE MANAGEMENT SYSTEM. (a) The  
24 department shall develop a plan to eliminate the department's use  
25 of paper case files and fully transition to an electronic case  
26 management system.

27 (b) The department shall implement a fully electronic case

1 management system not later than September 1, 2023.

2 (c) This section expires September 1, 2025.

3 SECTION 17. Subchapter C, Chapter 40, Human Resources Code,  
4 is amended by adding Section 40.0583 to read as follows:

5 Sec. 40.0583. STATE AUDITOR REVIEW OF CONTRACTS. The state  
6 auditor shall annually review the department's performance-based  
7 contracts to determine whether the department is properly enforcing  
8 contract provisions with providers and to provide recommendations  
9 for improving department oversight and execution of contracts.

10 SECTION 18. Subchapter C, Chapter 40, Human Resources Code,  
11 is amended by adding Section 40.081 to read as follows:

12 Sec. 40.081. IMPLEMENTATION OF FEDERAL LAW. (a) In  
13 furtherance of department duties under Section 40.002(d), the  
14 department shall to the greatest extent possible develop capacity  
15 for placement settings that are eligible for federal financial  
16 participation under 42 U.S.C. Section 672, including settings:

17 (1) specializing in providing prenatal, postpartum,  
18 or parenting support for youth;

19 (2) providing high-quality residential care and  
20 supportive services to children and youth who this state has  
21 reasonable cause to believe are, or who are at risk of being, sex  
22 trafficking victims in accordance with 42 U.S.C. Section  
23 671(a)(9)(C);

24 (3) providing supervised independent living for young  
25 adults;

26 (4) offering residential family-based substance abuse  
27 treatment as described by 42 U.S.C. Section 672(j); and

1           (5) serving as a qualified residential treatment  
2 program.

3           (b) In developing capacity for settings described by  
4 Subsection (a)(2), the department shall:

5           (1) promote the use of nationally recognized tools  
6 such as the Commercial Sexual Exploitation-Identification Tool  
7 (CSE-IT) and any other indicated treatment models or best practices  
8 for the treatment and prevention of sex trafficking victimization;  
9 and

10           (2) use providers that:

11                   (A) use a trauma-informed care model;

12                   (B) have defined programming to address the  
13 specific needs of trafficking survivors and youth at risk of  
14 trafficking;

15                   (C) have leadership and direct-care staff who  
16 have completed training regarding the specific needs of trafficking  
17 survivors and youth at risk of trafficking;

18                   (D) have established policies and procedures to  
19 minimize risk to a child who is a victim of trafficking placed with  
20 the provider and other children placed with the provider, including  
21 risks related to running away from the placement or becoming a  
22 victim of trafficking; and

23                   (E) provide case management services or contract  
24 with an entity in the geographic area of the provider to provide  
25 case management services to trafficking victims or potential  
26 victims.

27           SECTION 19. Subchapter B, Chapter 42, Human Resources Code,

1 is amended by adding Section 42.026 to read as follows:

2 Sec. 42.026. ACCESS TO DATABASE. (a) The commission shall  
3 make the child-care licensing division's searchable database  
4 accessible to commission and department investigators.

5 (b) The department shall make the department's searchable  
6 database accessible to commission and department investigators.

7 SECTION 20. Subchapter C, Chapter 42, Human Resources Code,  
8 is amended by adding Section 42.0433 to read as follows:

9 Sec. 42.0433. SUICIDE PREVENTION, INTERVENTION, AND  
10 POSTVENTION PLAN. (a) In this section, "postvention" has the  
11 meaning assigned by Section 38.351, Education Code.

12 (b) The executive commissioner by rule shall adopt a model  
13 suicide prevention, intervention, and postvention policy for use by  
14 a residential child-care facility. The model policy must:

15 (1) be based on current and best evidence-based  
16 practices;

17 (2) require all employees of the facility to receive  
18 annual suicide prevention training that includes understanding of  
19 safety planning and screening for risk;

20 (3) promote suicide prevention training for  
21 non-employee entities, as appropriate; and

22 (4) include procedures to support children who return  
23 to the facility following hospitalization for a mental health  
24 condition.

25 (c) Each residential child-care facility shall adopt a  
26 suicide prevention, intervention, and postvention policy. A  
27 residential child-care facility may adopt:

1           (1) the model policy adopted by the executive  
2 commissioner under Subsection (b); or

3           (2) another suicide prevention, intervention, and  
4 postvention policy approved by the executive commissioner.

5           (d) The suicide prevention, intervention, and postvention  
6 policy adopted under Subsection (c) may be part of a broader mental  
7 health crisis plan if the components of the plan include suicide  
8 prevention, intervention, and postvention.

9           (e) The commission shall provide to a residential  
10 child-care facility any technical assistance necessary to adopt or  
11 implement a suicide prevention, intervention, and postvention  
12 policy.

13           SECTION 21. Subchapter C, Chapter 42, Human Resources Code,  
14 is amended by adding Sections 42.0538 and 42.0583 to read as  
15 follows:

16           Sec. 42.0538. PROVISIONAL LICENSE FOR KINSHIP PROVIDER.

17 (a) The executive commissioner by rule shall allow a child-placing  
18 agency to issue a provisional license for a kinship provider, as  
19 defined by Section 264.851, Family Code, who meets the basic safety  
20 requirements provided by commission rule. A kinship provider  
21 issued a provisional license under this section shall complete all  
22 licensing requirements within the time provided by rule.

23           (b) The executive commissioner shall ensure that the  
24 implementation of this section does not reduce the amount of  
25 federal money available to this state.

26           Sec. 42.0583. IDENTIFYING AT-RISK PROVIDERS. (a) The  
27 department shall use data analytics collected regarding

1 residential child-care providers, including general residential  
2 operations providing treatment services to young adults with  
3 emotional disorders, to develop an early warning system to identify  
4 at-risk providers most in need of technical support and to promote  
5 corrective actions and minimize standard violations.

6 (b) The system developed under Subsection (a) must  
7 distinguish between different levels of risk using a multi-point  
8 severity scale. The department shall make information regarding the  
9 severity scale available to:

10 (1) the standing committees of the senate and the  
11 house of representatives with oversight of child-care facilities;  
12 and

13 (2) the public through the department's Internet  
14 website.

15 SECTION 22. Subchapter D, Chapter 42, Human Resources Code,  
16 is amended by adding Section 42.080 to read as follows:

17 Sec. 42.080. DISCIPLINARY ACTION PROHIBITED. The  
18 commission may not issue a citation to or take any other  
19 disciplinary action against a general residential operation or a  
20 child-placing agency for failing to employ a licensed child-care  
21 administrator or licensed child-placing administrator, as  
22 appropriate, if the operation or agency has:

23 (1) been without an administrator for less than 60  
24 days; and

25 (2) made substantial efforts to hire a qualified  
26 administrator.

27 SECTION 23. Section 42.252(c), Human Resources Code, is

1 amended to read as follows:

2 (c) The operational plan must include:

3 (1) a community engagement plan to develop and, if  
4 necessary, improve relations between the general residential  
5 operation and the community in which the operation is located that  
6 includes:

7 (A) a summary of any discussions the operation  
8 had with:

9 (i) local law enforcement; and

10 (ii) local health, therapeutic, and  
11 recreational resources available to support children at the  
12 operation; and

13 (B) a summary of the opportunities the children  
14 at the operation will have for social interaction in the community;

15 (2) an educational plan describing the applicant's  
16 plan to provide for the educational needs of the children at the  
17 general residential operation that:

18 (A) identifies whether the proposed operation  
19 will provide for the public or private education of school-age  
20 children at the operation;

21 (B) identifies whether the proposed operation  
22 will provide for the education of school-age children through a  
23 local school, off-site charter school, or on-site charter school;

24 (C) includes any discussions, plans, and  
25 agreements with the local school district, private school, or local  
26 charter school that will be providing education to the school-age  
27 children at the operation; and



1 (D) if the children are to be enrolled in a public  
2 school, includes either:

3 (i) a statement from the local independent  
4 school district on the impact of the proposed child-care services  
5 on the local school district; or

6 (ii) an explanation of the reasons the  
7 operation was unable to obtain a statement described by  
8 Subparagraph (i) and a discussion of other alternative educational  
9 services that the operation could offer;

10 (3) a trauma-informed plan to address unauthorized  
11 absences of children from the general residential operation; ~~and~~

12 (4) a suicide prevention, intervention, and  
13 postvention plan that meets the requirements of Section 42.0433;  
14 and

15 (5) the qualifications, background, and history,  
16 including any compliance history, of each individual who is  
17 proposed to be involved in:

18 (A) the management of the operation; and

19 (B) the educational leadership of the operation  
20 if the operation will be using an on-site charter school.

21 SECTION 24. Subchapter H, Chapter 42, Human Resources Code,  
22 is amended by adding Sections 42.2541, 42.256, 42.257, 42.258,  
23 42.259, and 42.260 to read as follows:

24 Sec. 42.2541. IMPROVING EDUCATION SERVICES FOR CHILDREN.

25 (a) The department shall develop a strategic plan for improving the  
26 provision of educational services to children placed in a general  
27 residential operation.

1       (b) The department shall report to the Texas Education  
2 Agency the educational outcomes for children placed in a general  
3 residential operation.

4       (c) The department and the Texas Education Agency shall  
5 annually evaluate the educational outcomes for children placed in a  
6 general residential operation and adopt strategies and policies to  
7 improve the outcomes and standards.

8       Sec. 42.256. TREATMENT MODEL. (a) Each general  
9 residential operation providing treatment services shall, on  
10 issuance of an initial or renewal license under this chapter,  
11 submit to the commission information on the operation's treatment  
12 model. A general residential operation that contracts with the  
13 department to provide residential care for children in foster care  
14 shall submit information on the operation's treatment model to the  
15 department on execution and renewal of a contract.

16       (b) The operation shall annually assess the overall  
17 effectiveness of the model adopted under this section.

18       (c) The treatment model must address all aspects related to  
19 children's care, including children's therapeutic needs. The model  
20 shall include:

21           (1) the manner in which treatment goals will be  
22 individualized and identified for each child;

23           (2) the method the operation will use to measure the  
24 effectiveness of each treatment goal for the child;

25           (3) the actions the operation will take if the  
26 treatment goals are not met; and

27           (4) the method the operation will use to monitor and

1 evaluate the effectiveness of the treatment model.

2 (d) A general residential operation may change a treatment  
3 model adopted under this section after notifying the commission of  
4 the change and submitting the new treatment model to the  
5 commission.

6 (e) The executive commissioner may adopt rules to implement  
7 this section.

8 (f) The general residential operation shall adopt policies  
9 and procedures to implement the treatment model.

10 Sec. 42.257. EVALUATION OF PLACEMENTS. (a) A general  
11 residential operation that considers accepting a child's placement  
12 with the operation shall evaluate the proposed placement on the  
13 following criteria:

14 (1) whether the child meets the operation's admission  
15 criteria;

16 (2) whether the child would benefit from the treatment  
17 model implemented at the operation; and

18 (3) whether the operation has the staff and resources  
19 to meet the child's needs considering the other children at the  
20 operation and the other children's needs.

21 (b) A general residential operation shall ensure that the  
22 evaluation under Subsection (a) does not delay the timely placement  
23 of a child.

24 Sec. 42.258. LIMIT ON PLACEMENTS FOR NEW FACILITY. If the  
25 department or a single source continuum contractor contracts with a  
26 general residential operation providing treatment services to  
27 place children with the operation before the operation is licensed,

1 the contract must limit the number of children that may be placed at  
2 the operation each month and limit the number of children with a  
3 service level of specialized, intense, or intense plus until the  
4 operation exhibits sustained compliance with the licensing  
5 standards.

6 Sec. 42.259. TRANSITION PLANS. A general residential  
7 operation shall develop a transition plan for each child who has  
8 been placed at the operation for longer than six months.

9 Sec. 42.260. TELEHEALTH PILOT PROGRAM. The commission in  
10 coordination with the department and single source continuum  
11 contractors shall establish guidelines in the STAR Health program  
12 to improve the use of telehealth services to provide and enhance  
13 mental health and behavioral health care for children placed in the  
14 managing conservatorship of the state.

15 SECTION 25. Section [43.0081](#), Human Resources Code, is  
16 amended to read as follows:

17 Sec. 43.0081. PROVISIONAL LICENSE. (a) The commission  
18 [~~department~~] may issue a provisional child-care administrator's  
19 license to:

20 (1) an applicant licensed in another state who applies  
21 for a license in this state if the applicant [~~An applicant for a~~  
22 ~~provisional license under this section must~~]:

23 (A) is [~~(1) be~~] licensed in good standing as a  
24 child-care administrator for at least two years in another state,  
25 the District of Columbia, a foreign country, or a territory of the  
26 United States that has licensing requirements that are  
27 substantially equivalent to the requirements of this chapter;

1           (B) has [~~(2) have~~] passed a national or other  
2 examination recognized by the commission [~~department~~] that  
3 demonstrates competence in the field of child-care administration;  
4 and

5           (C) is [~~(3) be~~] sponsored by a person licensed by  
6 the commission [~~department~~] under this chapter with whom the  
7 provisional license holder may practice under this section; and

8           (2) an applicant who:

9           (A) otherwise qualifies for a license but does  
10 not meet the experience requirement in Section 43.004(a)(4); and

11           (B) complies with any additional requirement  
12 established by rule under Subsection (e).

13           (b) The commission [~~department~~] may waive the requirement  
14 of Subsection (a)(1)(C) [~~(a)(3)~~] for an applicant if the commission  
15 [~~department~~] determines that compliance with that paragraph  
16 [~~subsection~~] constitutes a hardship to the applicant.

17           (c) A provisional license under Subsection (a)(1) is valid  
18 until the date the commission [~~department~~] approves or denies the  
19 provisional license holder's application for a license. The  
20 commission [~~department~~] shall issue a license under this chapter to  
21 the provisional license holder described by Subsection (a)(1) if:

22           (1) the provisional license holder passes the  
23 examination required by Section 43.004;

24           (2) the commission [~~department~~] verifies that the  
25 provisional license holder has the academic and experience  
26 requirements for a license under this chapter; and

27           (3) the provisional license holder satisfies any other

1 license requirements under this chapter.

2       (d) For a provisional license holder described by  
3 Subsection (a)(1), the commission shall [~~The department must~~]  
4 complete the processing of a provisional license holder's  
5 application for a license not later than the 180th day after the  
6 date the provisional license is issued. The commission  
7 [~~department~~] may extend the 180-day limit if the results of the  
8 license holder's examination have not been received by the  
9 commission [~~department~~].

10       (e) The executive commissioner by rule may establish  
11 additional requirements for the issuance of a provisional  
12 child-care administrator's license under Subsection (a)(2)(A) as  
13 the executive commissioner determines appropriate.

14       SECTION 26. The following provisions are repealed:

- 15               (1) Section 264.156(c), Family Code;  
16               (2) Section 264.169, Family Code; and  
17               (3) Section 40.0581(f), Human Resources Code.

18       SECTION 27. (a) The Health and Human Services Commission,  
19 in collaboration with the Department of Family and Protective  
20 Services, shall review the Centers for Medicare and Medicaid  
21 Services' Integrated Care for Kids (InCK) Model to determine  
22 whether implementing the model could benefit children in this  
23 state, including children enrolled in the STAR Health Medicaid  
24 managed care program.

25       (b) Not later than December 1, 2022, the Health and Human  
26 Services Commission shall report its findings to the governor and  
27 legislature.

1 (c) This section expires September 1, 2023.

2 SECTION 28. Not later than July 1, 2022, the  
3 executive commissioner of the Health and Human Services Commission  
4 shall adopt the model suicide prevention, intervention, and  
5 postvention policy required by Section 42.0433, Human Resources  
6 Code, as added by this Act.

7 SECTION 29. Not later than December 1, 2022, the Department  
8 of Family and Protective Services shall provide the legislature  
9 with options for conducting:

10 (1) independent administrative reviews of department  
11 investigations of licensed residential child-care facilities; and

12 (2) independent appeals of determinations from those  
13 investigations.

14 SECTION 30. (a) The Department of Family and Protective  
15 Services shall:

16 (1) study extending permanency care assistance  
17 benefits to individuals who are not relatives of a foster child and  
18 who do not have a longstanding and significant relationship with  
19 the foster child before the child enters foster care; and

20 (2) assess the potential impact and favorable  
21 permanency outcomes for children who might otherwise remain in  
22 foster care for long periods or have managing conservatorship of  
23 the child transferred without any benefits to the caregiver.

24 (b) Not later than December 31, 2022, the Department of  
25 Family and Protective Services shall submit a report to the  
26 legislature on the results of the study and assessment conducted  
27 under this section and recommendations for further action based on

1 the study and assessment.

2 (c) This section expires September 1, 2023.

3 SECTION 31. Not later than January 1, 2025, the Department  
4 of Family and Protective Services shall:

5 (1) transition the family-based safety services  
6 program to evidence-based programs under the Family First  
7 Prevention Services Act (Title VII, Div. E, Pub. L. No. 115-123);

8 (2) develop an implementation plan for the transition  
9 of services; and

10 (3) develop community referrals to existing  
11 prevention and early intervention programs.

12 SECTION 32. The executive commissioner of the Health and  
13 Human Services Commission shall adopt minimum standards related to  
14 continuum-of-care operations, cottage home operations, and  
15 specialized child-care homes as provided by Section [42.042](#), Human  
16 Resources Code, as amended by Chapter 317 (H.B. 7), Acts of the 85th  
17 Legislature, Regular Session, 2017, as soon as practicable after  
18 the effective date of this Act but not later than January 1, 2024.

19 SECTION 33. The Health and Human Services Commission and  
20 the Department of Family and Protective Services shall jointly  
21 evaluate the Consolidated Appropriations Act, 2021 (Pub. L.  
22 116-260), to determine methods for maximizing this state's receipt  
23 of federal funds to provide foster youth transition planning to  
24 adulthood and additional services for foster youth and young adults  
25 in extended foster care.

26 SECTION 34. (a) As soon as practicable after the effective  
27 date of this Act but not later than October 15, 2021, the governor



1 shall appoint the director of the Office of Community-Based Care  
2 Transition as required by Section 264.172, Family Code, as added by  
3 this Act.

4 (b) As soon as practicable after the effective date of this  
5 Act, the Department of Family and Protective Services shall  
6 transfer all money, contracts, leases, property, and obligations  
7 related to the powers and duties of the Office of Community-Based  
8 Care Transition to that office.

9 SECTION 35. The Office of Community-Based Care Transition,  
10 the Department of Family and Protective Services, and the Health  
11 and Human Services Commission are required to implement this Act  
12 only if the legislature appropriates money specifically for that  
13 purpose. If the legislature does not appropriate money  
14 specifically for that purpose, the Office of Community-Based Care  
15 Transition, the Department of Family and Protective Services, and  
16 the Health and Human Services Commission may, but are not required  
17 to, implement this Act using other appropriations available for the  
18 purpose.

19 SECTION 36. This Act takes effect immediately if it  
20 receives a vote of two-thirds of all the members elected to each  
21 house, as provided by Section 39, Article III, Texas Constitution.  
22 If this Act does not receive the vote necessary for immediate  
23 effect, this Act takes effect September 1, 2021.

\_\_\_\_\_  
President of the Senate

\_\_\_\_\_  
Speaker of the House

I hereby certify that S.B. No. 1896 passed the Senate on April 27, 2021, by the following vote: Yeas 31, Nays 0; and that the Senate concurred in House amendments on May 28, 2021, by the following vote: Yeas 31, Nays 0.

\_\_\_\_\_  
Secretary of the Senate

I hereby certify that S.B. No. 1896 passed the House, with amendments, on May 24, 2021, by the following vote: Yeas 146, Nays 0, one present not voting.

\_\_\_\_\_  
Chief Clerk of the House

Approved:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Governor