S.B. No. 1896

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

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

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

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

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

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

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

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

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

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

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

(c)  This section expires September 1, 2023.

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

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

(1)  evaluate whether contracting for additional capacity at residential treatment centers, facilities that provide mental inpatient or outpatient beds for crisis intervention and stabilization purposes only for children with severe behavioral health or mental health needs, and other potential temporary placement options provides the best methods for meeting capacity shortages; and

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

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

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

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

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

SECTION 6.  Section 264.152(4), Family Code, is amended to read as follows:

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

(A)  prevent entry into foster care;

(B)  reunify and preserve families;

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

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

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

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

(1)  a nonprofit entity that has:

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

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

(2)  a governmental entity.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(A)  community faith-based entities;

(B)  the judiciary;

(C)  court-appointed special advocates;

(D)  child advocacy centers;

(E)  service providers;

(F)  foster families;

(G)  biological parents;

(H)  foster youth and former foster youth;

(I)  relative or kinship caregivers;

(J)  child welfare boards, if applicable;

(K)  attorneys ad litem;

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

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

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

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

(c)  In regions identified for implementing community-based care and in regions where community-based care has been implemented, a contractor may apply to the department for a waiver from any statutory and regulatory requirement to increase innovation and flexibility for achieving contractual performance outcomes.

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

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

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

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

(b)  Notwithstanding the process for the expansion of community-based care described in Subsection (a), [~~and in accordance with the community-based care implementation plan developed under Section 264.153, beginning September 1, 2017,~~] the department shall accept and evaluate unsolicited proposals [~~begin accepting applications~~] from entities based in this state to provide community-based care services in a geographic service [~~designated catchment~~] area where the department has not implemented community-based care. An entity that submits a proposal to provide community-based care services must ensure that it meets all criteria outlined by this subchapter and must demonstrate established connections to the area the entity proposes to serve. The Health and Human Services Commission in conjunction with the department shall adopt rules to ensure that proposals submitted under this subsection comply with state procurement laws and rules.

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

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

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

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

Sec. 264.159.  DATA ACCESS AND STANDARDS GOVERNANCE COUNCIL. (a)  The department shall create a data access and standards governance council to develop protocols for the interoperable electronic transfer of data from single source continuum contractors to the department to allow the contractors to perform case management functions and additional contracted services by the department.

(b)  The council shall develop protocols for the access, management, and security of case data that is electronically shared between [~~by~~] a single source continuum contractor and [~~with~~] the department.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(1)  the funding of community-based care;

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

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

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

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

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

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

Sec. 264.172.  OFFICE OF COMMUNITY-BASED CARE TRANSITION. (a) In this section:

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

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

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

(c)  The office shall:

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

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

(3)  evaluate community-based care providers;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(c)  The commission shall report its findings to the standing committees of the senate and house of representatives having jurisdiction over the Department of Family and Protective Services.

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

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

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

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

(c)  This section does not apply to:

(1)  an enrollment contract described by 1 T.A.C. Section 391.183 as that section existed on September 1, 2015;

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

(3)  a contract entered into by:

(A)  the comptroller under Section 2155.061; or

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

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

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

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

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

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

(b)  The department shall implement a fully electronic case management system not later than September 1, 2023.

(c)  This section expires September 1, 2025.

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

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

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

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

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

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

(3)  providing supervised independent living for young adults;

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

(5)  serving as a qualified residential treatment program.

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

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

(2)  use providers that:

(A)  use a trauma-informed care model;

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

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

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

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

SECTION 19.  Subchapter B, Chapter 42, Human Resources Code, is amended by adding Section 42.026 to read as follows:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Sec. 42.0538.  PROVISIONAL LICENSE FOR KINSHIP PROVIDER. (a) The executive commissioner by rule shall allow a child-placing agency to issue a provisional license for a kinship provider, as defined by Section 264.851, Family Code, who meets the basic safety requirements provided by commission rule. A kinship provider issued a provisional license under this section shall complete all licensing requirements within the time provided by rule.

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

Sec. 42.0583.  IDENTIFYING AT-RISK PROVIDERS. (a) The department shall use data analytics collected regarding residential child-care providers, including general residential operations providing treatment services to young adults with emotional disorders, to develop an early warning system to identify at-risk providers most in need of technical support and to promote corrective actions and minimize standard violations.

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

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

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

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

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

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

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

SECTION 23.  Section 42.252(c), Human Resources Code, is amended to read as follows:

(c)  The operational plan must include:

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

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

(i)  local law enforcement; and

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

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

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

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

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

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

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

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

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

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

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

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

(A)  the management of the operation; and

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

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

Sec. 42.2541.  IMPROVING EDUCATION SERVICES FOR CHILDREN. (a) The department shall develop a strategic plan for improving the provision of educational services to children placed in a general residential operation.

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

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

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

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

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

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

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

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

(4)  the method the operation will use to monitor and evaluate the effectiveness of the treatment model.

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

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

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

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

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

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

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

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

Sec. 42.258.  LIMIT ON PLACEMENTS FOR NEW FACILITY. If the department or a single source continuum contractor contracts with a general residential operation providing treatment services to place children with the operation before the operation is licensed, the contract must limit the number of children that may be placed at the operation each month and limit the number of children with a service level of specialized, intense, or intense plus until the operation exhibits sustained compliance with the licensing standards.

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

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

SECTION 25.  Section 43.0081, Human Resources Code, is amended to read as follows:

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

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

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

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

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

(2)  an applicant who:

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

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

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

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

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

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

(3)  the provisional license holder satisfies any other license requirements under this chapter.

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

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

SECTION 26.  The following provisions are repealed:

(1)  Section 264.156(c), Family Code;

(2)  Section 264.169, Family Code; and

(3)  Section 40.0581(f), Human Resources Code.

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

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

(c)  This section expires September 1, 2023.

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

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

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

(2)  independent appeals of determinations from those investigations.

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

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

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

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

(c)  This section expires September 1, 2023.

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

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

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

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

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

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

SECTION 34.  (a)  As soon as practicable after the effective date of this Act but not later than October 15, 2021, the governor shall appoint the director of the Office of Community-Based Care Transition as required by Section 264.172, Family Code, as added by this Act.

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

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

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