(C) the manner in which the individual may appeal and retake the failed drug test; and

(D) common potential causes of a false positive test result;

(2) for privacy with regard to the individual's drug test result until not later than the 14th day after the date the initial notice of the failed drug test was mailed to the individual during which time the individual may appeal and retake the failed drug test; and

(3) that a determination or decision that an individual has failed a drug test under this section becomes final on:

(A) the 15th day after the date the initial notice of the failed drug test was mailed to the individual if the individual does not appeal and retake the individual's failed drug test as provided by this section; or

(B) the date that a retest conducted pursuant to an appeal by the individual as provided by this section confirms the positive drug test result.

c) The commission shall administer the program under this section using existing administrative funds and any funds appropriated to the commission for the purposes of this section.

SECTION 4. The changes in law made by this Act apply only to a claim for unemployment compensation benefits that is filed with the Texas Workforce Commission on or after February 1, 2014.

SECTION 5. If before implementing any provision of this Act a state agency determines that a waiver or authorization from a federal agency is necessary for implementation of that provision, the 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 6. This Act takes effect September 1, 2013.

Passed the Senate on April 11, 2013: Yeas 31, Nays 0; the Senate concurred in House amendments on May 25, 2013: Yeas 30, Nays 0; passed the House, with amendments, on May 22, 2013: Yeas 104, Nays 42, one present not voting.

Approved June 14, 2013.

Effective September 1, 2013.

CHAPTER 1142

S.B. No. 44

AN ACT
relating to maintaining and reporting certain information regarding certain child abuse or neglect cases and the provision of mental health services for children in those cases.

Be it enacted by the Legislature of the State of Texas:

SECTION 1. Section 261.001, Family Code, is amended by adding Subdivision (9) to read as follows:

(9) "Severe emotional disturbance" means a mental, behavioral, or emotional disorder of sufficient duration to result in functional impairment that substantially interferes with or limits a person's role or ability to function in family, school, or community activities.

SECTION 2. Subsection (b), Section 261.004, Family Code, is amended to read as follows:

(b) The department shall report the following information:

(1) the number of initial phone calls received by the department alleging abuse and neglect;

(2) the number of children reported to the department as having been abused and neglected;
(3) the number of reports received by the department alleging abuse or neglect and assigned by the department for investigation;

(4) of the children to whom Subdivision (2) applies:
   (A) the number for whom the report was substantiated;
   (B) the number for whom the report was unsubstantiated;
   (C) the number for whom the report was determined to be false;
   (D) the number who did not receive services from the department under a state or federal program;
   (E) the number who received services, including preventative services, from the department under a state or federal program; and
   (F) the number who were removed from the child's home during the preceding year;

(5) the number of families in which the child was not removed, but the child or family received services from the department;

(6) the number of children who died during the preceding year as a result of child abuse or neglect;

(7) of the children to whom Subdivision (6) applies, the number who were in foster care at the time of death;

(8) the number of child protective services workers responsible for report intake, assessment, or investigation;

(9) the response time by the department with respect to conducting an initial investigation of a report of child abuse or neglect;

(10) the response time by the department with respect to commencing services to families and children for whom an allegation of abuse or neglect has been made;

(11) the number of children who were returned to their families or who received family preservation services and who, before the fifth anniversary of the date of return or receipt, were the victims of substantiated reports of child abuse or neglect, including abuse or neglect resulting in the death of the child;

(12) the number of cases pursued by the department in each stage of the judicial process, including civil and criminal proceedings and the results of each proceeding; and

(13) the number of children for whom a person was appointed by the court to represent the best interests of the child and the average number of out-of-court contacts between the person and the child; and

(14) the number of children who suffer from a severe emotional disturbance and for whom the department is appointed managing conservator because a person voluntarily relinquished custody of the child solely to obtain mental health services for the child.

SECTION 3. Chapter 262, Family Code, is amended by adding Subchapter E to read as follows:

SUBCHAPTER E. RELINQUISHING CHILD TO OBTAIN CERTAIN SERVICES

Sec. 262.351. DEFINITIONS. In this subchapter:
(1) "Department" means the Department of Family and Protective Services.
(2) "Severe emotional disturbance" has the meaning assigned by Section 261.001.

Sec. 262.352. JOINT MANAGING CONSERVATORSHIP OF CHILD. Before a person relinquishes custody of a child who suffers from a severe emotional disturbance in order to obtain mental health services for the child, the department must, if it is in the best interest of the child, discuss with the person relinquishing custody of the child the option of seeking a court order for joint managing conservatorship of the child with the department.

Sec. 262.353. STUDY TO DEVELOP ALTERNATIVES TO RELINQUISHMENT OF CUSTODY TO OBTAIN MENTAL HEALTH SERVICES. (a) The department and the Department of State Health Services shall jointly study and develop recommendations to prevent the practice of parents relinquishing custody of children with a severe emotional disturbance to obtain mental health services for the child.

2780
disturbance and placement of children in the conservatorship of the department solely to 
obtain mental health services for the child.

(b) As part of the study under Subsection (a), the department and the Department of State 
Health Services shall consider the advantages of providing mental health services using 
temporary residential treatment and intensive community-based services options, including:

1. joint managing conservatorship of the child by the department and the child's 
   parent;
2. the Youth Empowerment Services waiver program;
3. systems of care services;
4. emergency respite services; and
5. diversion residential treatment center services.

(c) The executive commissioner of the Health and Human Services Commission shall 
review the recommendations developed under Subsection (a) and may direct the implemen-
tation of any recommendation that can be implemented with the department's current 
resources.

(d) Not later than September 30, 2014, the department and the Department of State Health 
Services shall file a report with the legislature and the Council on Children and Families on 
the results of the study required by Subsection (a). The report must include:

1. each option to prevent relinquishment of parental custody that was considered 
during the study;
2. each option recommended for implementation, if any;
3. each option that is implemented using existing resources;
4. any policy or statutory change needed to implement a recommended option;
5. the fiscal impact of implementing each option, if any;
6. the estimated number of children and families that may be affected by the imple-
   mentation of each option; and
7. any other significant information relating to the study.

(e) Not later than September 30 of each even-numbered year after the date the initial 
report is filed under Subsection (d), the department and the Department of State Health 
Services shall update the report. The updated report must include the implementation 
status of each recommended option under Subsection (d).

SECTION 4. Section 531.803, Government Code, is amended by amending Subsection (a) 
and adding Subsection (a-i) to read as follows:

(a) The council shall:

1. analyze the biennial legislative appropriations requests of members of the council for 
services provided to children and their families and identify appropriations that, through 
the coordination of members of the council, could be modified in the next legislative 
appropriation request to eliminate waste or increase available services and, not later than 
May 1 of each even-numbered year, prepare a report recommending those modifications for 
consideration during the development of the next biennial legislative appropriations re-
quest;
2. investigate opportunities to increase flexible funding for health, education, and human 
services provided to children and their families;
3. identify methods to remove barriers to local coordination of health, education, and 
   human services provided to children and their families;
4. identify methods to ensure that children and youth receive appropriate assessment, 
diagnoses, and intervention services;
5. identify and develop methods and strategies to coordinate and enhance prevention 
services for children and their families;
6. develop methods to prevent unnecessary parental relinquishment of custody of 
   children and make recommendations to the executive commissioner regarding options for 
improving the system for serving families who relinquish, or are at risk of relinquishing.
custody of a child solely to obtain mental health services for the child, after considering whether it would be appropriate to serve those families without a finding of abuse or neglect or without including the finding of abuse or neglect in the central registry of reported cases of child abuse or neglect;

(7) [49] prioritize assisting children in family settings rather than institutional settings;

(8) [47] make recommendations about family involvement in the provision and planning of health, education, and human services for a child, including family partner and liaison models; and

(9) [89] identify technological methods to ensure the efficient and timely transfer of information among state agencies providing health, education, and human services to children and their families.

(a-1) The executive commissioner shall review the council's recommendations under Subsection (a)(6) and direct the implementation of any policy changes the executive commissioner determines necessary that can be implemented using existing resources.

SECTION 5. This Act takes effect September 1, 2013.

Passed the Senate on May 2, 2013: Yeas 31, Nays 0; the Senate concurred in House amendment on May 25, 2013: Yeas 30, Nays 0; passed the House, with amendment, on May 22, 2013: Yeas 148, Nays 0, two present not voting.

Approved June 14, 2013.

Effective September 1, 2013.

CHAPTER 1143

S.B. No. 58

AN ACT

relating to delivery of and reporting on mental health, behavioral health, substance abuse, and certain other services.

Be it enacted by the Legislature of the State of Texas:

SECTION 1. Subchapter A, Chapter 533, Government Code, is amended by adding Section 533.00255 to read as follows:

Sec. 533.00255. BEHAVIORAL HEALTH AND PHYSICAL HEALTH SERVICES NETWORK. (a) In this section, “behavioral health services” means mental health and substance abuse disorder services, other than those provided through the NorthSTAR demonstration project.

(b) The commission shall, to the greatest extent possible, integrate into the Medicaid managed care program implemented under this chapter the following services for Medicaid-eligible persons:

(1) behavioral health services, including targeted case management and psychiatric rehabilitation services; and

(2) physical health services.

(c) A managed care organization that contracts with the commission under this chapter shall develop a network of public and private providers of behavioral health services and ensure adults with serious mental illness and children with serious emotional disturbance have access to a comprehensive array of services.

(d) In implementing this section, the commission shall ensure that:

(1) an appropriate assessment tool is used to authorize services;

(2) providers are well-qualified and able to provide an appropriate array of services;

(3) appropriate performance and quality outcomes are measured;

(4) two health home pilot programs are established in two health service areas, representing two distinct regions of the state, for persons who are diagnosed with:

2782