BILL ANALYSIS

Senate Research Center 79R7135 RMB-D S.B. 984 By: Van de Putte Health & Human Services 3/22/2005 As Filed

AUTHOR'S/SPONSOR'S STATEMENT OF INTENT

There has been a rise of child abuse incidents in Texas, which may contribute to an increase in juvenile delinquency, substance abuse, and violent crimes. Child Protective Services (CPS) has been weakened with overloaded caseworkers and too few support personnel to aid the caseworkers. Additionally, there are constant unfilled vacancies. Currently, there is no law allowing individuals to be reimbursed for pursuing training to become CPS caseworkers.

As proposed, S.B. 984 requires the Health and Human Services Commission to study the feasibility of providing financial incentives to individuals to assist them in receiving training to become CPS caseworkers. The study would include the feasibility of creating a private foundation to solicit and receive money to assist those individuals. The training would include training administered by a state agency or an institution of higher education for individuals working or interested in working in the field of child protective services to assist such individuals in performing work more efficiently and effectively.

RULEMAKING AUTHORITY

This bill does not expressly grant any additional rulemaking authority to a state officer, institution, or agency.

SECTION BY SECTION ANALYSIS

SECTION 1. (a) Defines "commission," "health and human services agencies," and "training for child protective services."

(b) Requires the Health and Human Services Commission (HHSC) to study the feasibility of providing a financial incentive to individuals to assist the individuals in receiving training for child protective services.

(c) Sets forth requirements for conducting the study.

(d) Authorizes HHSC to cooperate as necessary with any appropriate state agency in conducting the study under Subsection (b).

(e) Requires HHSC to report the results of the study to the standing committees of the senate and house of representatives with primary jurisdiction over health and human services programs or appropriations not later than September 1, 2006.

SECTION 2. Effective date: September 1, 2005.