

BILL ANALYSIS

Senate Research Center

C.S.S.B. 681
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Health & Human Services
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Committee Report (Substituted)

AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

Children are assessed as they enter the child welfare system. These assessments are critical, as they are relied upon by judges, caseworkers, and providers to determine appropriate placements and any needs for services or medications. Unfortunately, the form, content, and quality of assessments vary widely, resulting in increased costs to the state and less than ideal outcomes for children.

Currently, clinicians may use any number of tools within an assessment and are provided a set fee regardless of the thoroughness or quality of assessment performed. Quality standards and cost efficiencies are not required considerations in selection of tools. Additionally, a variance of tools has the potential of hindering a caseworker, foster parent, or judge in interpreting score information included in an evaluation report. Development of an approved menu of tools that could be used within an assessment would serve as a quality control measure, a potential cost control measure, and a means of maximizing the potential for assessment reports to be a meaningful resource for nonclinical audiences. This menu could be developed to provide clinicians sufficient flexibility to select the most appropriate tool for each child.

Similarly, there is currently no standardization in the presentation of the information gathered during the assessment. For a quality assessment to have value, the information ascertained during that assessment must be provided in a manner that is informative to potential audiences. To that end, and to ensure that the state's investment in assessments is maximized, quality standards are also needed for the report developed from the performed assessment. Generally, reports that do not contain some level of analysis or recommendations for ways caregivers can best meet the child's needs will be of little value to nonclinical audiences. Guidelines should be developed that ensure that the final product of the assessment adheres to the Department of Family and Protective Services' (DFPS) stipulated goals for administering the assessment.

To provide better and more uniform usage of tools for assessing the placement, treatment, and service needs of children in the child welfare system, C.S.S.B. 681 creates a task force comprised of 12 members with experience and expertise in various aspects of child welfare. Members are appointed by the executive commissioner of the Health and Human Services Commission (executive commissioner). The findings and recommendations of the task force will be reported to the executive commissioner and incorporated into the policies of DFPS. The task force will then expire on September 1, 2014.

C.S.S.B. 681 amends current law relating to the establishment of a task force to study the assessments of children in the child welfare system.

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. Amends Subchapter C, Chapter 40, Human Resources Code, by adding Section 40.074, as follows:

Sec. 40.074. CHILD WELFARE ASSESSMENT TASK FORCE. (a) Sets forth the purpose and duties of the child welfare assessment task force (task force).

(b) Sets forth the composition of the members of the task force, appointed by the executive commissioner of the Texas Health and Human Services Commission (executive commissioner).

(c) Requires each member appointed to the task force to have experience and expertise relating to children's behavioral health and the study and prevention of child abuse and neglect.

(d) Requires the task force to elect a presiding officer by a vote of the membership of the task force.

(e) Requires the task force to meet at the call of the presiding officer.

(f) Requires the task force, not later than December 1, 2012, to prepare and submit to the commissioner of the Department of Family and Protective Services (DFPS) a report containing certain provisions.

(g) Requires, not later than September 1, 2013, DFPS to adopt policies that incorporate the findings and recommendations of the task force described by Subsection (f), to the extent that such recommendations:

(1) are generally accepted standards of practice or care for a physician, psychologist, or other professional who would conduct the assessment; and

(2) can be implemented within existing fiscal resources appropriated to DFPS.

(h) Provides that this section expires September 1, 2014.

SECTION 2. Requires the executive commissioner to make the appointments to the task force created by this act not later than January 1, 2012.

SECTION 3. Effective date: upon passage or September 1, 2012.