

BILL ANALYSIS

C.S.H.B. 1549
By: Burkett
Human Services
Committee Report (Substituted)

BACKGROUND AND PURPOSE

Interested parties note the high turnover rates among caseworkers of the child protective services (CPS) division of the Department of Family and Protective Services and have expressed concerns regarding the difficulty in providing adequate placements and services for children in the state's care. C.S.H.B. 1549 seeks to address these issues by strengthening prevention and early intervention services and improving the CPS workforce.

CRIMINAL JUSTICE IMPACT

It is the committee's opinion that this bill does not expressly create a criminal offense, increase the punishment for an existing criminal offense or category of offenses, or change the eligibility of a person for community supervision, parole, or mandatory supervision.

RULEMAKING AUTHORITY

It is the committee's opinion that this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution.

ANALYSIS

C.S.H.B. 1549 amends the Family Code to require the Department of Family and Protective Services (DFPS) to designate current tenured caseworkers to conduct investigations involving child fatalities. The bill establishes February 1 of each year as the deadline by which DFPS is required to publish the annual child fatality report. The bill requires DFPS to designate employees to serve specifically as investigators and responders for after-hours reports of child abuse or neglect in geographic areas with demonstrated need. The bill requires DFPS, subject to the availability of funds, to use a web-based system to assist DFPS in making the best placement decision for a child in foster care and to collaborate with current foster and adoptive parents to develop and implement a foster care provider recruitment plan. The bill sets out the required components of the web-based system and the recruitment plan.

C.S.H.B. 1549 requires DFPS, subject to the appropriation of funds for the purpose, to implement an evidence-based pilot program that provides frequent in-home visits to not more than 2,000 families who have a history of child abuse or neglect. The bill requires the program to contain guidelines for the frequency of monthly contact by DFPS with the family, based on the risk factors for child abuse and neglect in each case. The bill includes among the members of the child fatality review team committee a person appointed by and representing the speaker of the house of representatives, a person appointed by and representing the lieutenant governor, and a person appointed by and representing the governor. The bill includes among the required Department of State Health Services (DSHS) duties to the committee: developing and making available training for justices of the peace and medical examiners regarding inquests in child death cases, and evaluating the available child fatality data and using the data to create public health strategies for the prevention of child fatalities. The bill requires each member of the committee to be a member of the child fatality review team in the county where the committee

member resides.

C.S.H.B. 1549 requires DSHS to include near fatality child abuse or neglect cases in the child fatality case database for cases in which child abuse or neglect is determined to have been the cause of the near fatality and to develop a data collection strategy for near fatality child abuse or neglect cases. The bill defines "near fatality" as a case where a physician has certified that a child is in critical or serious condition and a caseworker determines that the child's condition was caused by the abuse or neglect of the child. The bill requires DFPS to produce a report relating to child fatality and near fatality cases resulting from child abuse or neglect containing certain specified information regarding DFPS involvement with a child or a child's family. The bill requires DFPS to make such data available to allow research into the determining factors related to child abuse fatalities with the purpose of reducing child fatalities or near fatalities and repeated referrals of a child or family to DFPS and predicting future occurrences of child fatalities and near fatalities to improve prevention and early intervention strategies.

C.S.H.B. 1549 removes the requirement that a county have a population of less than 50,000 in order to be authorized to join with an adjacent county or counties to establish a combined multidisciplinary and multiagency child fatality review team. The bill requires such a review team to reflect the diversity of the county's population. The bill includes among the required duties of a review team reviewing and analyzing collected data to identify any demographic trends in child fatality cases, including whether there is a disproportionate number of child fatalities in a particular population group or geographic area. The bill requires DSHS to provide a review team with electronic access to the preliminary death certificate for a deceased child. The bill requires the commissioners court of a county to adopt regulations relating to the timeliness for conducting an inquest into the death of a child and requires such regulations to be as stringent as the standards issued by the National Association of Medical Examiners unless the commissioners court determines that it would be cost prohibitive for the county to comply with those standards. The bill requires a medical examiner or justice of the peace who determines that a death of a child is unexpected or the result of abuse or neglect to notify the appropriate county child fatality review team of the child's death not later than the 120th day after the date the death is reported.

C.S.H.B. 1549 requires DFPS to expedite the evaluation of a potential caregiver under a parental child safety placement to ensure that the child is placed with a caregiver who has the ability to protect the child from the alleged perpetrator of abuse or neglect against the child.

C.S.H.B. 1549 requires the DFPS strategic plan for prevention and early intervention services to include a growth strategy with the goal of increasing the number of families receiving prevention and early intervention services each year, subject to the availability of funds, with the eventual goal of providing services to 50 percent of the highest risk families, as defined by DFPS, that are eligible to receive services through home visiting and community-based programs financed with federal, state, local, or private resources.

C.S.H.B. 1549 requires DFPS to improve the effectiveness and delivery of prevention and early intervention services by using a geographic focus to ensure that prevention and early intervention services are provided to families with the greatest need; identifying the geographic areas that have the highest need for prevention and early intervention services; identifying geographic areas that have a high need for prevention and early intervention services but do not have prevention and early intervention services available in the area or have only unevaluated prevention and early intervention services available in the area; and developing strategies for community partners to improve the early recognition of child abuse or neglect, improve the reporting of child abuse and neglect, and prevent child fatalities. The bill prohibits DFPS from using such data to identify a specific family or individual. The bill requires DFPS and the Texas Higher Education Coordinating Board to enter into agreements with institutions of higher education to conduct efficacy reviews of any prevention and early intervention services that have not previously been evaluated for effectiveness in a research evaluation that meets certain

standards described by the bill if DFPS is specifically appropriated money for the purpose or the agreement is cost neutral. The bill requires the efficacy review to include, when possible, a cost-benefit analysis of the program to the state. The bill requires DFPS, subject to an appropriation for the purpose and not later than August 31, 2019, to expand the capacity of home visiting services provided by the prevention and early intervention services division of DFPS by 20 percent in the six counties of the state that are identified under the bill's provisions as having the highest need for services and that have the largest disparity between the percentage of families receiving home visiting services in the county and the goal developed under the bill's provisions to increase those services.

C.S.H.B. 1549 amends the Human Resources Code to require DFPS to develop and make available a program that includes critical incident stress debriefing to provide ongoing support to caseworkers who experience secondary trauma resulting from exposure to acute or chronic trauma in the course of the caseworker's employment. The bill prohibits DFPS from requiring that a caseworker participate in the program. The bill requires DFPS to collect and compile specified DFPS data on the state and county level regarding reports of abuse and neglect in residential child-care facilities, the children and families involved with DFPS, the recurrence of child abuse and neglect in certain households, and workforce turnover data for child protective services employees. The bill requires DFPS, not later than February 1 of each year, to publish a report containing the collected data, including statewide data and the data reported by county. The bill requires DFPS, subject to a specific appropriation for that purpose, to develop and implement a caseload management system for child protective services caseworkers and managers and provides for the structure of such a system.

C.S.H.B. 1549 establishes a prevention advisory board in DFPS to promote public awareness and make recommendations to HHSC, DSHS, DFPS, the governor, and the legislature for changes to law, policy, and practices regarding the prevention of child abuse and neglect, the development of a state strategy to promote child safety and well-being using enhanced data collection and analysis, and the expansion of evidence-based and promising practice programs. The bill provides for the composition and operation of the board. The bill requires the board to collaborate with the DFPS prevention and early intervention services division in developing the board's recommendations and to collaborate with DFPS and DSHS to develop and maintain a database of the most effective state and national evidence-based or promising practice programs that address child abuse and neglect and the prevention of child abuse and neglect fatalities. The bill requires the database to include the cost per family and a cost-benefit analysis for each program.

EFFECTIVE DATE

September 1, 2017.

COMPARISON OF ORIGINAL AND SUBSTITUTE

While C.S.H.B. 1549 may differ from the original in minor or nonsubstantive ways, the following comparison is organized and formatted in a manner that indicates the substantial differences between the introduced and committee substitute versions of the bill.

INTRODUCED

SECTION 1. Article 49.10, Code of Criminal Procedure, is amended by adding Subsection (i-1) to read as follows:

(i-1) Notwithstanding any provision to the contrary, if the deceased was a child younger than six years of age whose death is

HOUSE COMMITTEE SUBSTITUTE

No equivalent provision.

determined under Section 264.514, Family Code, to be unexpected or the result of abuse or neglect, a justice of the peace must order a complete autopsy of the deceased.

SECTION 2. Section 9(a), Article 49.25, Code of Criminal Procedure, is amended to read as follows:

No equivalent provision.

(a) If the cause of death shall be determined beyond a reasonable doubt as a result of the investigation, the medical examiner shall file a report thereof setting forth specifically the cause of death with the district attorney or criminal district attorney, or in a county in which there is no district attorney or criminal district attorney with the county attorney, of the county in which the death occurred. If in the opinion of the medical examiner an autopsy is necessary, or if such is requested by the district attorney or criminal district attorney, or county attorney where there is no district attorney or criminal district attorney, the autopsy shall be immediately performed by the medical examiner or a duly authorized deputy. In those cases where a complete autopsy is deemed unnecessary by the medical examiner to ascertain the cause of death, the medical examiner may perform a limited autopsy involving the taking of blood samples or any other samples of body fluids, tissues or organs, in order to ascertain the cause of death or whether a crime has been committed. If the deceased was a child younger than six years of age and the death is determined under Section 264.514, Family Code, to be unexpected or the result of abuse or neglect, the medical examiner shall perform a complete autopsy. In the case of a body of a human being whose identity is unknown, the medical examiner may authorize such investigative and laboratory tests and processes as are required to determine its identity as well as the cause of death. In performing an autopsy the medical examiner or authorized deputy may use the facilities of any city or county hospital within the county or such other facilities as are made available. Upon completion of the autopsy, the medical examiner shall file a report setting forth the findings in detail with the office of the district attorney or criminal district attorney of the county, or if there is no district attorney or criminal district attorney, with

the county attorney of the county.

SECTION 3. Subchapter C, Chapter 261, Family Code, is amended by adding Section 261.2031 to read as follows:

Sec. 261.2031. DESIGNATED CHILD FATALITY INVESTIGATION CASEWORKERS. The department shall designate caseworkers or create a specialized unit of department employees to conduct investigations involving child fatalities. Caseworkers or employees designated for child fatality investigations shall be assigned based on experience and length of time working for the department.

No equivalent provision.

SECTION 1. Subchapter C, Chapter 261, Family Code, is amended by adding Section 261.2031 to read as follows:

Sec. 261.2031. DESIGNATED CHILD FATALITY INVESTIGATION CASEWORKERS. The department shall designate current tenured caseworkers to conduct investigations involving child fatalities.

SECTION 2. Section 261.204(a), Family Code, is amended to read as follows:

(a) Not later than February 1 of each year, the [The] department shall publish an [annual] aggregated report using information compiled from each child fatality investigation for which the department made a finding regarding abuse or neglect, including cases in which the department determined the fatality was not the result of abuse or neglect. The report must protect the identity of individuals involved and contain the following information:

- (1) the age and sex of the child and the county in which the fatality occurred;
- (2) whether the state was the managing conservator of the child or whether the child resided with the child's parent, managing conservator, guardian, or other person entitled to the possession of the child at the time of the fatality;
- (3) the relationship to the child of the individual alleged to have abused or neglected the child, if any;
- (4) the number of any department abuse or neglect investigations involving the child or the individual alleged to have abused or neglected the child during the two years preceding the date of the fatality and the results of the investigations;
- (5) whether the department offered family-based safety services or conservatorship services to the child or family;
- (6) the types of abuse and neglect alleged in the reported investigations, if any; and
- (7) any trends identified in the investigations contained in the report.

SECTION 4. Section 261.301, Family Code, is amended.

SECTION 5. Section 264.107, Family Code, is amended by adding Subsection (b-2) to read as follows:

(b-2) The department shall, subject to the availability of funds, use a web-based system to assist the department in making the best placement decision for a child in foster care. The system must:

- (1) recommend a level of care for the child;
- (2) suggest placements based on the child's needs;
- (3) display the proximity of potential providers to the child's home;
- (4) incorporate foster care provider preferences;
- (5) provide access to the foster care provider's history in providing safe and stable placements for children; and
- (6) include any other provider information the department determines to be relevant.

SECTION 6. Subchapter B, Chapter 264, Family Code, is amended by adding Section 264.1131 to read as follows:

Sec. 264.1131. FOSTER CARE PROVIDER RECRUITMENT PLAN. In addition to foster parent recruitment from faith-based organizations under Section 264.113, the department shall, subject to the availability of funds, collaborate with current foster and adoptive parents to develop and implement a foster care provider recruitment plan. The plan must:

- (1) identify geographic areas in the state where there is a need for foster care providers using risk stratification modeling or risk assessments of geographic areas with high occurrences of child abuse and neglect or child fatalities;
- (2) use data analysis, social media, partnerships with faith-based and volunteer organizations, and other strategies for recruitment, including targeted and child-focused recruitment;
- (3) increase the number of available foster care providers for children with high needs and expand the use of therapeutic or treatment foster care for children in those placements;

SECTION 3. Same as introduced version.

SECTION 4. Section 264.107, Family Code, is amended by adding Subsection (b-2) to read as follows:

(b-2) The department shall, subject to the availability of funds, use a web-based system to assist the department in making the best placement decision for a child in foster care. The system must:

- (1) integrate a level of care for the child;
- (2) suggest placements based on the child's needs;
- (3) display the proximity of potential providers to the child's home and school;
- (4) incorporate foster care provider preferences;
- (5) provide access to the foster care provider's history in providing safe and stable placements for children; and
- (6) include any other provider information the department determines to be relevant.

SECTION 5. Subchapter B, Chapter 264, Family Code, is amended by adding Section 264.1131 to read as follows:

Sec. 264.1131. FOSTER CARE PROVIDER RECRUITMENT PLAN. In addition to foster parent recruitment from faith-based organizations under Section 264.113, the department shall, subject to the availability of funds, collaborate with current foster and adoptive parents to develop and implement a foster care provider recruitment plan. The plan must:

- (1) Same as introduced version.
- (2) Same as introduced version.
- (3) identify the number of available foster care providers for children with high needs in order to expand the use of therapeutic or treatment foster care for children in those placements;

- (4) require the provision of:
 (A) quality customer service to prospective and current foster and adoptive parents; and
 (B) assistance to prospective foster parents with the certification and placement process;
 (5) include strategies for increasing the number of kinship providers;
 (6) include strategies to ensure that children in foster care do not have to transfer schools after entering foster care, unless transferring is in the child's best interest; and
 (7) include programs to support foster and adoptive families, including programs that provide training, respite care, and peer assistance.

SECTION 7. Subchapter C, Chapter 264, Family Code, is amended by adding Section 264.2012 to read as follows:

Sec. 264.2012. FAMILY PRESERVATION SERVICES. The department shall implement an evidence-based program that provides frequent in-home visits with families who have a history of child abuse or neglect or who display risk factors for child abuse or neglect with the goal of improving family preservation and family reunification. The program must contain guidelines for the frequency of monthly contact by the department with the family, based on the risk factors for child abuse and neglect in each case.

SECTION 8. Sections 264.502(a) and (b), Family Code, are amended.

SECTION 9. Section 264.503, Family Code, is amended by amending Subsections (d) and (e) and adding Subsection (h) to read as follows:

- (d) The Department of State Health Services shall:
- (1) recognize the creation and participation of review teams;
 - (2) promote and coordinate training to assist the review teams in carrying out their duties;
 - (3) assist the committee in developing model protocols for:
 - (A) the reporting and investigating of child fatalities for law enforcement agencies, child protective services, justices of the peace and medical examiners, and other professionals involved in the investigations of child deaths;

(4) Same as introduced version.

(5) Same as introduced version.

(6) Same as introduced version.

(7) Same as introduced version.

SECTION 6. Subchapter C, Chapter 264, Family Code, is amended by adding Section 264.2012 to read as follows:

Sec. 264.2012. FAMILY PRESERVATION SERVICES. Subject to the appropriation of funds for that purpose, the department shall implement an evidence-based pilot program that provides frequent in-home visits to not more than 2,000 families who have a history of child abuse or neglect. The program must contain guidelines for the frequency of monthly contact by the department with the family, based on the risk factors for child abuse and neglect in each case.

SECTION 7. Same as introduced version.

SECTION 8. Section 264.503, Family Code, is amended by amending Subsections (d) and (e) and adding Subsection (h) to read as follows:

- (d) The Department of State Health Services shall:
- (1) recognize the creation and participation of review teams;
 - (2) promote and coordinate training to assist the review teams in carrying out their duties;
 - (3) assist the committee in developing model protocols for:
 - (A) the reporting and investigating of child fatalities for law enforcement agencies, child protective services, justices of the peace and medical examiners, and other professionals involved in the investigations of child deaths;

- (B) the collection of data regarding child deaths; and
- (C) the operation of the review teams;
- (4) develop and implement procedures necessary for the operation of the committee; ~~[and]~~
- (5) develop and implement training for justices of the peace and medical examiners regarding inquests in child death cases; and
- (6) promote education of the public regarding the incidence and causes of child deaths, the public role in preventing child deaths, and specific steps the public can undertake to prevent child deaths.

(e) In addition to the duties under Subsection (d), the Department of State Health Services shall:

- (1) collect data under this subchapter and coordinate the collection of data under this subchapter with other data collection activities; ~~[and]~~
- (2) perform annual statistical studies of the incidence and causes of child fatalities using the data collected under this subchapter; and
- (3) evaluate the available child fatality data and use the data to create public health strategies for the prevention of child fatalities.

(h) Each member of the committee must be a member of the child fatality review team in the county where the committee member resides.

SECTION 10. Subchapter F, Chapter 264, Family Code, is amended by adding Sections 264.5031 and 264.5032 to read as follows:

Sec. 264.5031. COLLECTION OF NEAR FATALITY DATA. (a) The Department of State Health Services shall develop a definition for the term "near fatality" to allow for statewide consistency in child fatality investigations.

(b) The Department of State Health Services shall include near fatality child abuse or neglect cases in the child fatality case database, for cases in which child abuse or neglect is determined to have been the cause of the near fatality. The Department of State Health Services must also develop a data collection strategy for near fatality child abuse or neglect cases.

- (B) the collection of data regarding child deaths; and
- (C) the operation of the review teams;
- (4) develop and implement procedures necessary for the operation of the committee; ~~[and]~~
- (5) develop and make available training for justices of the peace and medical examiners regarding inquests in child death cases; and
- (6) promote education of the public regarding the incidence and causes of child deaths, the public role in preventing child deaths, and specific steps the public can undertake to prevent child deaths.

(e) Same as introduced version.

(h) Same as introduced version.

SECTION 9. Subchapter F, Chapter 264, Family Code, is amended by adding Sections 264.5031 and 264.5032 to read as follows:

Sec. 264.5031. COLLECTION OF NEAR FATALITY DATA. (a) In this section, "near fatality" means a case where a physician has certified that a child is in critical or serious condition, and a caseworker determines that the child's condition was caused by the abuse or neglect of the child.

(b) The Department of State Health Services shall include near fatality child abuse or neglect cases in the child fatality case database, for cases in which child abuse or neglect is determined to have been the cause of the near fatality. The Department of State Health Services must also develop a data collection strategy for near fatality child abuse or neglect cases.

Sec. 264.5032. TRACKING OF CHILD FATALITY AND NEAR FATALITY DATA. (a) The department shall track and analyze data relating to child fatality and near fatality cases resulting from child abuse or neglect and produce a report containing the following information:

(1) any prior contact the department had with the child's family and the manner in which the case was disposed, including cases in which the department made the following dispositions:

- (A) priority none or administrative closure;
- (B) call screened out;
- (C) alternative or differential response provided;
- (D) unable to complete the investigation;
- (E) unable to determine whether abuse or neglect occurred;
- (F) reason to believe abuse or neglect occurred; or
- (G) child removed and placed into substitute care;

(2) for any case investigated by the department involving the child or the child's family:

- (A) the number of caseworkers assigned to the case before the fatality or near fatality occurred;
- (B) the level of education for each caseworker assigned to the case and the caseworker's employment tenure; and
- (C) the caseworker's caseload at the time the case was opened and at the time the case was closed;

(3) for any case in which the department investigation concluded that there was reason to believe that abuse or neglect occurred, and the family was referred to family-based safety services:

- (A) the safety plan provided to the family;
- (B) the services offered to the family; and
- (C) the level of compliance with the safety plan or completion of the services by the family;

(4) the number of contacts the department made with children and families in family-based safety services cases; and

(5) the initial and attempted contacts the department made with child abuse and neglect victims.

(b) The department shall make the data

Sec. 264.5032. TRACKING OF CHILD FATALITY AND NEAR FATALITY DATA. (a) The department shall produce a report relating to child fatality and near fatality cases resulting from child abuse or neglect containing the following information:

(1) Same as introduced version.

(2) Same as introduced version.

(3) Same as introduced version.

(4) Same as introduced version.

(5) Same as introduced version.

(b) Same as introduced version.

collected under Subsection (a) available to allow research into the determining factors related to child abuse fatalities, with the purpose of:

(1) reducing child fatalities or near fatalities and repeated referrals of a child or family to the department; and

(2) predicting future occurrences of child fatalities and near fatalities to improve prevention and early intervention strategies.

SECTION 11. Sections 264.505(a) and (c), Family Code, are amended.

SECTION 12. Section 264.506(b), Family Code, is amended.

SECTION 13. Section 264.509, Family Code, is amended.

SECTION 14. (a) Section 264.514, Family Code, is amended.

SECTION 15. Section 264.755, Family Code, is amended by adding Subsection (b-1) to read as follows:

(b-1) The executive commissioner by rule may set the maximum monetary payment amount that may, subject to an appropriation of funds for that purpose, be provided to a relative or designated caregiver under this section in an amount not to exceed the amount that the department would pay to a licensed foster care provider for the care of the child.

SECTION 16. Section 264.903, Family Code, is amended.

SECTION 17. (a) Subchapter L, Chapter 264, Family Code, is amended by adding Section 264.907 to read as follows:

Sec. 264.907. CAREGIVER ASSISTANCE AGREEMENT. (a) The department may, subject to the availability of funds, enter into a caregiver assistance agreement with a caregiver to provide monetary assistance and additional support services to the caregiver. The monetary assistance and support services must be based on the caregiver's and child's needs, as determined by rules adopted by the executive commissioner.

(b) The department may agree to provide to a caregiver in an agreement under this

SECTION 10. Same as introduced version.

SECTION 11. Same as introduced version.

SECTION 12. Same as introduced version.

SECTION 13. Same as introduced version.

No equivalent provision.

SECTION 14. Same as introduced version.

No equivalent provision.

section any monetary assistance or additional support services that may be provided in a caregiver assistance agreement under Section 264.755.

(b) The executive commissioner of the Health and Human Services Commission shall adopt the rules necessary to implement Section 264.907, Family Code, as added by this Act, not later than December 1, 2017.

SECTION 18. Section 265.005, Family Code, is amended by amending Subsection (b) and adding Subsection (f) to read as follows:

(b) A strategic plan required under this section must:

(1) identify methods to leverage other sources of funding or provide support for existing community-based prevention efforts;

(2) include a needs assessment that identifies programs to best target the needs of the highest risk populations and geographic areas;

(3) identify the goals and priorities for the department's overall prevention efforts;

(4) report the results of previous prevention efforts using available information in the plan;

(5) identify additional methods of measuring program effectiveness and results or outcomes;

(6) identify methods to collaborate with other state agencies on prevention efforts; ~~and~~

(7) identify specific strategies to implement the plan and to develop measures for reporting on the overall progress toward the plan's goals; ~~and~~

(8) include annual targets that increase each year for the number of families receiving prevention and early intervention services, with the initial goal of providing services to 50 percent of the highest risk families that are eligible to receive services through home visiting and community-based programs financed with federal, state, local, or private resources.

(f) In this section, "highest risk family" means a family that has children five years of age or younger and whose family income is at or below 50 percent of the federal poverty level.

SECTION 15. Section 265.005(b), Family Code, is amended to read as follows:

(b) A strategic plan required under this section must:

(1) identify methods to leverage other sources of funding or provide support for existing community-based prevention efforts;

(2) include a needs assessment that identifies programs to best target the needs of the highest risk populations and geographic areas;

(3) identify the goals and priorities for the department's overall prevention efforts;

(4) report the results of previous prevention efforts using available information in the plan;

(5) identify additional methods of measuring program effectiveness and results or outcomes;

(6) identify methods to collaborate with other state agencies on prevention efforts; ~~and~~

(7) identify specific strategies to implement the plan and to develop measures for reporting on the overall progress toward the plan's goals; ~~and~~

(8) include a growth strategy with the goal of increasing the number of families receiving prevention and early intervention services each year, subject to the availability of funds, with the eventual goal of providing services to 50 percent of the highest risk families, as defined by the department, that are eligible to receive services through home visiting and community-based programs financed with federal, state, local, or private resources.

SECTION 19. Subchapter A, Chapter 265, Family Code, is amended by adding Sections 265.007 and 265.008 to read as follows:

Sec. 265.007. IMPROVING PROVISION OF PREVENTION AND EARLY INTERVENTION SERVICES. To improve the effectiveness and delivery of prevention and early intervention services, the department shall:

(1) use a geographic focus to ensure that prevention and early intervention services are provided to families with the greatest need;

(2) identify the geographic areas that have the highest need for prevention and early intervention services using:

(A) verified external risk terrain modeling;

or
(B) geographic risk assessments that use risk indicators of child abuse or neglect and child abuse fatalities;

(3) identify geographic areas that have a high need for prevention and early intervention services but do not have prevention and early intervention services available in the area or have only unevaluated prevention and early intervention services available in the area; and

(4) develop strategies for community partners to:

(A) improve the early recognition of child abuse or neglect;

(B) improve the reporting of child abuse and neglect; and

(C) prevent child fatalities.

Sec. 265.008. EVALUATION OF PREVENTION AND EARLY INTERVENTION SERVICES.

No equivalent provision.

SECTION 16. Subchapter A, Chapter 265, Family Code, is amended by adding Sections 265.007, 265.008, and 265.009 to read as follows:

Sec. 265.007. IMPROVING PROVISION OF PREVENTION AND EARLY INTERVENTION SERVICES. (a) To improve the effectiveness and delivery of prevention and early intervention services, the department shall:

(1) use a geographic focus to ensure that prevention and early intervention services are provided to families with the greatest need;

(2) identify the geographic areas that have the highest need for prevention and early intervention services;

(3) identify geographic areas that have a high need for prevention and early intervention services but do not have prevention and early intervention services available in the area or have only unevaluated prevention and early intervention services available in the area; and

(4) develop strategies for community partners to:

(A) improve the early recognition of child abuse or neglect;

(B) improve the reporting of child abuse and neglect; and

(C) prevent child fatalities.

(b) The department may not use data gathered under this section to identify a specific family or individual.

Sec. 265.008. EVALUATION OF PREVENTION AND EARLY INTERVENTION SERVICES.

Sec. 265.009. EXPANSION OF HOME VISITING SERVICES. Subject to an appropriation for that purpose, and not later than August 31, 2019, the department shall expand the capacity of home visiting services provided by the prevention and early intervention services division of the department by 20 percent in the six counties of the state that:

(1) are identified under Section

265.007(a)(2) as having the highest need for services; and
(2) have the largest disparity between the percentage of families receiving home visiting services in the county and the goal developed under Section 265.005(b)(8).

SECTION 20. Subchapter B, Chapter 40, Human Resources Code, is amended.

SECTION 17. Same as introduced version.

No equivalent provision.

SECTION 18. Subchapter C, Chapter 40, Human Resources Code, is amended by adding Section 40.0516 to read as follows:
Sec. 40.0516. COLLECTION OF DATA; ANNUAL REPORT. (a) The department shall collect and compile the following data on the state and county level:
(1) the following information for reports of abuse and neglect in residential child-care facilities, as defined by Section 42.002:
(A) the number of reports of abuse and neglect made to the department hotline;
(B) the types of abuse and neglect reported;
(C) the investigation priority level assigned to each report;
(D) the investigation response times, sorted by investigation priority;
(E) the disposition of each investigation;
(F) the number of reports of abuse and neglect to which the department assigned a disposition of call screened out or alternative or differential response provided; and
(G) the overall safety and risk finding for each investigation;
(2) the number of families referred to family preservation services, organized by the risk level assigned to each family through structured decision-making;
(3) the number of children removed from the child's home as the result of an investigation of a report of abuse or neglect and the primary circumstances that contributed to the removal;
(4) the number of children placed in substitute care, organized by type of placement;
(5) the number of children placed out of the child's home county or region;
(6) the number of children in the conservatorship of the department at each service level;
(7) the number of children in the conservatorship of the department who are pregnant or who are a parent;

(8) the number of children in the managing conservatorship of the department who are the parent of a child who is also in the managing conservatorship of the department;

(9) the recurrence of child abuse or neglect in a household in which the department investigated a report of abuse or neglect within six months and one year of the date the case was closed separated by the following type of case:

(A) cases that were administratively closed without further action;

(B) cases in which the child was removed and placed in the managing conservatorship of the department; and

(C) cases in which the department provided family preservation services;

(10) the recurrence of child abuse and neglect in a household within five years of the date the case was closed for cases described by Subdivisions (9)(B) and (C); and

(11) workforce turnover data for child protective services employees, including the average tenure of caseworkers and supervisors and the average salary of caseworkers and supervisors.

(b) Not later than February 1 of each year, the department shall publish a report containing data collected under this section. The report must include the statewide data and the data reported by county.

SECTION 21. Subchapter C, Chapter 40, Human Resources Code, is amended.

SECTION 22. Subchapter C, Chapter 40, Human Resources Code, is amended by adding Section 40.078 to read as follows:

Sec. 40.078. PREVENTION ADVISORY BOARD.

(a) In this section, "board" means the Prevention Advisory Board.

(b) The board is established in the department to promote public awareness and make recommendations to the Health and Human Services Commission, the Department of State Health Services, the department, the governor, and the legislature for changes to law, policy, and practices regarding:

(1) the prevention of child abuse and

SECTION 19. Same as introduced version.

SECTION 20. Subchapter C, Chapter 40, Human Resources Code, is amended by adding Section 40.078 to read as follows:

Sec. 40.078. PREVENTION ADVISORY BOARD.

(a) Same as introduced version.

(b) Same as introduced version.

neglect;

(2) the development of a state strategy to promote child safety and well-being using enhanced data collection and analysis; and

(3) the expansion of evidence-based and promising practice programs, as those terms are described by Sections 531.983(b) and (c), Government Code.

(c) The board is composed of not more than 25 members, appointed as follows:

(1) one member appointed by the governor from the governor's staff;

(2) one member appointed by the lieutenant governor from the lieutenant governor's staff;

(3) one member appointed by the speaker of the house of representatives from the speaker's staff;

(4) one staff member from the Senate Health and Human Services Committee;

(5) one staff member from the House Public Health Committee; and

(6) any remaining members appointed by the commissioner.

(d) The members appointed under Subsections (c)(1) through (5) serve as ex officio nonvoting members of the board.

(e) In appointing members to the board, the commissioner shall attempt to select individuals whose qualifications are not already represented by existing members of the board. Board members must include:

(1) a chair of a child fatality review team committee;

(2) a pediatrician;

(3) a judge;

(4) representatives of relevant state agencies;

(5) prosecutors who specialize in child abuse and neglect;

(6) medical examiners;

(7) representatives of service providers to the department; and

(8) policy experts in child abuse and neglect prevention, community advocacy, or related fields.

(f) The board shall select a chair from among its members and shall meet at least quarterly, with additional meetings called by the chair as necessary.

(c) The board is composed of not more than 25 members, appointed as follows:

(1) one member appointed by the governor from the governor's staff;

(2) one member appointed by the lieutenant governor from the lieutenant governor's staff;

(3) one member appointed by the speaker of the house of representatives from the speaker's staff;

(4) one staff member from the office of the chair of the Senate Health and Human Services Committee;

(5) one staff member from the office of the chair of the House Public Health Committee; and

(6) any remaining members appointed by the commissioner.

(d) Same as introduced version.

(e) In appointing members to the board, the commissioner shall attempt to select individuals whose qualifications are not already represented by existing members of the board. Board members may include:

(1) a chair of a child fatality review team committee;

(2) a pediatrician;

(3) a judge;

(4) representatives of relevant state agencies;

(5) prosecutors who specialize in child abuse and neglect;

(6) medical examiners;

(7) representatives of service providers to the department; and

(8) policy experts in child abuse and neglect prevention, community advocacy, or related fields.

(f) Same as introduced version.

(g) A vacancy on the board shall be filled in the same manner as the original appointment.

(h) A member of the board is not entitled to compensation or reimbursement of expenses incurred in performing board duties.

(i) The board may take testimony and receive evidence that the board considers necessary to carry out the duties of the board.

(j) In developing the recommendations under Subsection (b), the board shall collaborate with the prevention and early intervention services division of the department to:

(1) use a public health approach by applying population-based, universal, and targeted strategies for prevention;

(2) consider the evidence-based and promising practice programs for home visiting under Section 531.983, Government Code, and parent education under Section 265.101, Family Code, as added by Chapter 1257 (H.B. 2630), Acts of the 84th Legislature, Regular Session, 2015, in structuring accountability and evidence-based measures for child abuse fatality prevention programming;

(3) maximize funding sources to expand prevention programs, including federal and local government funds and private funds; and

(4) research and make recommendations regarding the training of external stakeholders, including the expansion of mandated training for medical professionals, child care workers, educators, and higher education professionals with access to minors, to improve the identification, recognition, reporting, and prevention of child abuse and neglect.

(k) The board shall collaborate with the department and the Department of State Health Services to develop and maintain a database of the most effective state and national evidence-based or promising practice programs that address child abuse and neglect and the prevention of child abuse and neglect fatalities. The database shall include the cost per family and a cost-benefit analysis for each program.

SECTION 23. This Act takes effect September 1, 2017.

(g) Same as introduced version.

(h) Same as introduced version.

(i) Same as introduced version.

(j) Same as introduced version.

(k) Same as introduced version.

SECTION 21. Same as introduced version.