

By: Burkett

H.B. No. 1549

A BILL TO BE ENTITLED

AN ACT

1
2 relating to the provision of services by the Department of Family
3 and Protective Services, including child protective services and
4 prevention and early intervention services.

5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

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

8 (i-1) Notwithstanding any provision to the contrary, if the
9 deceased was a child younger than six years of age whose death is
10 determined under Section 264.514, Family Code, to be unexpected or
11 the result of abuse or neglect, a justice of the peace must order a
12 complete autopsy of the deceased.

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

15 (a) If the cause of death shall be determined beyond a
16 reasonable doubt as a result of the investigation, the medical
17 examiner shall file a report thereof setting forth specifically the
18 cause of death with the district attorney or criminal district
19 attorney, or in a county in which there is no district attorney or
20 criminal district attorney with the county attorney, of the county
21 in which the death occurred. If in the opinion of the medical
22 examiner an autopsy is necessary, or if such is requested by the
23 district attorney or criminal district attorney, or county attorney
24 where there is no district attorney or criminal district attorney,

1 the autopsy shall be immediately performed by the medical examiner
2 or a duly authorized deputy. In those cases where a complete
3 autopsy is deemed unnecessary by the medical examiner to ascertain
4 the cause of death, the medical examiner may perform a limited
5 autopsy involving the taking of blood samples or any other samples
6 of body fluids, tissues or organs, in order to ascertain the cause
7 of death or whether a crime has been committed. If the deceased was
8 a child younger than six years of age and the death is determined
9 under Section 264.514, Family Code, to be unexpected or the result
10 of abuse or neglect, the medical examiner shall perform a complete
11 autopsy. In the case of a body of a human being whose identity is
12 unknown, the medical examiner may authorize such investigative and
13 laboratory tests and processes as are required to determine its
14 identity as well as the cause of death. In performing an autopsy
15 the medical examiner or authorized deputy may use the facilities of
16 any city or county hospital within the county or such other
17 facilities as are made available. Upon completion of the autopsy,
18 the medical examiner shall file a report setting forth the findings
19 in detail with the office of the district attorney or criminal
20 district attorney of the county, or if there is no district attorney
21 or criminal district attorney, with the county attorney of the
22 county.

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

25 Sec. 261.2031. DESIGNATED CHILD FATALITY INVESTIGATION
26 CASEWORKERS. The department shall designate caseworkers or create
27 a specialized unit of department employees to conduct

1 investigations involving child fatalities. Caseworkers or
2 employees designated for child fatality investigations shall be
3 assigned based on experience and length of time working for the
4 department.

5 SECTION 4. Section 261.301, Family Code, is amended by
6 adding Subsection (j) to read as follows:

7 (j) In geographic areas with demonstrated need, the
8 department shall designate employees to serve specifically as
9 investigators and responders for after-hours reports of child abuse
10 or neglect.

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

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

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

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

27 Sec. 264.1131. FOSTER CARE PROVIDER RECRUITMENT PLAN. In

1 addition to foster parent recruitment from faith-based
2 organizations under Section 264.113, the department shall, subject
3 to the availability of funds, collaborate with current foster and
4 adoptive parents to develop and implement a foster care provider
5 recruitment plan. The plan must:

6 (1) identify geographic areas in the state where there
7 is a need for foster care providers using risk stratification
8 modeling or risk assessments of geographic areas with high
9 occurrences of child abuse and neglect or child fatalities;

10 (2) use data analysis, social media, partnerships with
11 faith-based and volunteer organizations, and other strategies for
12 recruitment, including targeted and child-focused recruitment;

13 (3) increase the number of available foster care
14 providers for children with high needs and expand the use of
15 therapeutic or treatment foster care for children in those
16 placements;

17 (4) require the provision of:

18 (A) quality customer service to prospective and
19 current foster and adoptive parents; and

20 (B) assistance to prospective foster parents
21 with the certification and placement process;

22 (5) include strategies for increasing the number of
23 kinship providers;

24 (6) include strategies to ensure that children in
25 foster care do not have to transfer schools after entering foster
26 care, unless transferring is in the child's best interest; and

27 (7) include programs to support foster and adoptive

1 families, including programs that provide training, respite care,
2 and peer assistance.

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

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

13 SECTION 8. Sections 264.502(a) and (b), Family Code, are
14 amended to read as follows:

15 (a) The child fatality review team committee is composed of:

16 (1) a person appointed by and representing the state
17 registrar of vital statistics;

18 (2) a person appointed by and representing the
19 commissioner of the department;

20 (3) a person appointed by and representing the Title V
21 director of the Department of State Health Services; ~~and~~

22 (4) a person appointed by and representing the speaker
23 of the house of representatives;

24 (5) a person appointed by and representing the
25 lieutenant governor;

26 (6) a person appointed by and representing the
27 governor; and

1 (7) individuals selected under Subsection (b).

2 (b) The members of the committee who serve under Subsections
3 (a)(1) through (6) [~~(3)~~] shall select the following additional
4 committee members:

5 (1) a criminal prosecutor involved in prosecuting
6 crimes against children;

7 (2) a sheriff;

8 (3) a justice of the peace;

9 (4) a medical examiner;

10 (5) a police chief;

11 (6) a pediatrician experienced in diagnosing and
12 treating child abuse and neglect;

13 (7) a child educator;

14 (8) a child mental health provider;

15 (9) a public health professional;

16 (10) a child protective services specialist;

17 (11) a sudden infant death syndrome family service
18 provider;

19 (12) a neonatologist;

20 (13) a child advocate;

21 (14) a chief juvenile probation officer;

22 (15) a child abuse prevention specialist;

23 (16) a representative of the Department of Public
24 Safety;

25 (17) a representative of the Texas Department of
26 Transportation;

27 (18) an emergency medical services provider; and

1 (19) a provider of services to, or an advocate for,
2 victims of family violence.

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

6 (d) The Department of State Health Services shall:

7 (1) recognize the creation and participation of review
8 teams;

9 (2) promote and coordinate training to assist the
10 review teams in carrying out their duties;

11 (3) assist the committee in developing model protocols
12 for:

13 (A) the reporting and investigating of child
14 fatalities for law enforcement agencies, child protective
15 services, justices of the peace and medical examiners, and other
16 professionals involved in the investigations of child deaths;

17 (B) the collection of data regarding child
18 deaths; and

19 (C) the operation of the review teams;

20 (4) develop and implement procedures necessary for the
21 operation of the committee; ~~and~~

22 (5) develop and implement training for justices of the
23 peace and medical examiners regarding inquests in child death
24 cases; and

25 (6) promote education of the public regarding the
26 incidence and causes of child deaths, the public role in preventing
27 child deaths, and specific steps the public can undertake to

1 prevent child deaths.

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

4 (1) collect data under this subchapter and coordinate
5 the collection of data under this subchapter with other data
6 collection activities; ~~and~~

7 (2) perform annual statistical studies of the
8 incidence and causes of child fatalities using the data collected
9 under this subchapter; and

10 (3) evaluate the available child fatality data and use
11 the data to create public health strategies for the prevention of
12 child fatalities.

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

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

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

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

1 collection strategy for near fatality child abuse or neglect cases.

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

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

11 (A) priority none or administrative closure;
12 (B) call screened out;
13 (C) alternative or differential response
14 provided;

15 (D) unable to complete the investigation;
16 (E) unable to determine whether abuse or neglect
17 occurred;

18 (F) reason to believe abuse or neglect occurred;
19 or

20 (G) child removed and placed into substitute
21 care;

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

24 (A) the number of caseworkers assigned to the
25 case before the fatality or near fatality occurred;

26 (B) the level of education for each caseworker
27 assigned to the case and the caseworker's employment tenure; and

1 (C) the caseworker's caseload at the time the
2 case was opened and at the time the case was closed;

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

7 (A) the safety plan provided to the family;

8 (B) the services offered to the family; and

9 (C) the level of compliance with the safety plan
10 or completion of the services by the family;

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

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

15 (b) The department shall make the data collected under
16 Subsection (a) available to allow research into the determining
17 factors related to child abuse fatalities, with the purpose of:

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

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

23 SECTION 11. Sections 264.505(a) and (c), Family Code, are
24 amended to read as follows:

25 (a) A multidisciplinary and multiagency child fatality
26 review team may be established for a county to review child deaths
27 in that county. A ~~[review team for a]~~ county ~~[with a population of~~

1 ~~less than 50,000~~] may join with an adjacent county or counties to
2 establish a combined review team.

3 (c) A review team must reflect the diversity of the county's
4 population and may include:

- 5 (1) a criminal prosecutor involved in prosecuting
6 crimes against children;
- 7 (2) a sheriff;
- 8 (3) a justice of the peace or medical examiner;
- 9 (4) a police chief;
- 10 (5) a pediatrician experienced in diagnosing and
11 treating child abuse and neglect;
- 12 (6) a child educator;
- 13 (7) a child mental health provider;
- 14 (8) a public health professional;
- 15 (9) a child protective services specialist;
- 16 (10) a sudden infant death syndrome family service
17 provider;
- 18 (11) a neonatologist;
- 19 (12) a child advocate;
- 20 (13) a chief juvenile probation officer; and
- 21 (14) a child abuse prevention specialist.

22 SECTION 12. Section 264.506(b), Family Code, is amended to
23 read as follows:

24 (b) To achieve its purpose, a review team shall:

- 25 (1) adapt and implement, according to local needs and
26 resources, the model protocols developed by the department and the
27 committee;

1 (2) meet on a regular basis to review child fatality
2 cases and recommend methods to improve coordination of services and
3 investigations between agencies that are represented on the team;

4 (3) collect and maintain data as required by the
5 committee; ~~and~~

6 (4) review and analyze the collected data to identify
7 any demographic trends in child fatality cases, including whether
8 there is a disproportionate number of child fatalities in a
9 particular population group or geographic area; and

10 (5) submit to the vital statistics unit data reports
11 on deaths reviewed as specified by the committee.

12 SECTION 13. Section 264.509, Family Code, is amended by
13 adding Subsection (b-1) to read as follows:

14 (b-1) The Department of State Health Services shall provide
15 a review team with electronic access to the preliminary death
16 certificate for a deceased child.

17 SECTION 14. (a) Section 264.514, Family Code, is amended by
18 adding Subsection (a-1) and amending Subsection (b) to read as
19 follows:

20 (a-1) The commissioners court of a county shall adopt
21 regulations relating to the timeliness for conducting an inquest
22 into the death of a child. The regulations adopted under this
23 subsection must be as stringent as the standards issued by the
24 National Association of Medical Examiners unless the commissioners
25 court determines that it would be cost prohibitive for the county to
26 comply with those standards.

27 (b) The medical examiner or justice of the peace shall

1 immediately notify an appropriate local law enforcement agency if
2 the medical examiner or justice of the peace determines that the
3 death is unexpected or the result of abuse or neglect, and that
4 agency shall investigate the child's death. The medical examiner or
5 justice of the peace shall notify the appropriate county child
6 fatality review team of the child's death not later than the 120th
7 day after the date the death is reported.

8 (b) A county must attempt to implement the timeliness
9 standards for inquests as described by Section 264.514(a-1), Family
10 Code, as added by this Act, as soon as possible after the effective
11 date of this Act.

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

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

20 SECTION 16. Section 264.903, Family Code, is amended by
21 adding Subsection (a-1) to read as follows:

22 (a-1) The department shall expedite the evaluation of a
23 potential caregiver under this section to ensure that the child is
24 placed with a caregiver who has the ability to protect the child
25 from the alleged perpetrator of abuse or neglect against the child.

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

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

8 (b) The department may agree to provide to a caregiver in an
9 agreement under this section any monetary assistance or additional
10 support services that may be provided in a caregiver assistance
11 agreement under Section [264.755](#).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3 (A) verified external risk terrain modeling; or

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

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

11 (4) develop strategies for community partners to:

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

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

16 (C) prevent child fatalities.

17 Sec. 265.008. EVALUATION OF PREVENTION AND EARLY
18 INTERVENTION SERVICES. (a) The department and the Texas Higher
19 Education Coordinating Board shall enter into agreements with
20 institutions of higher education to conduct efficacy reviews of any
21 prevention and early intervention services provided under this
22 chapter that have not previously been evaluated for effectiveness
23 in a research evaluation that meets the standards described by
24 Subsection (b). The efficacy review shall include, when possible, a
25 cost-benefit analysis of the program to the state.

26 (b) A prevention and early intervention services program is
27 considered to have been previously evaluated if it has been

1 evaluated by at least one rigorous randomized controlled research
2 trial across heterogeneous populations or communities, the results
3 of at least one of which has been published in a peer-reviewed
4 journal.

5 (c) The department is not required to enter into an
6 agreement to conduct a program efficacy evaluation under this
7 section unless:

8 (1) the department is specifically appropriated money
9 for the purposes of this section; or

10 (2) the agreement with the institution of higher
11 education is cost neutral.

12 SECTION 20. Subchapter B, Chapter 40, Human Resources Code,
13 is amended by adding Section 40.038 to read as follows:

14 Sec. 40.038. SECONDARY TRAUMA SUPPORT FOR CASEWORKERS. (a)
15 In this section, "secondary trauma" means trauma incurred as a
16 consequence of a person's exposure to acute or chronic trauma.

17 (b) The department shall develop and make available a
18 program to provide ongoing support to caseworkers who experience
19 secondary trauma resulting from exposure to trauma in the course of
20 the caseworker's employment. The program must include critical
21 incident stress debriefing. The department may not require that a
22 caseworker participate in the program.

23 SECTION 21. Subchapter C, Chapter 40, Human Resources Code,
24 is amended by adding Section 40.0529 to read as follows:

25 Sec. 40.0529. CASELOAD MANAGEMENT. (a) Subject to a
26 specific appropriation for that purpose, the department shall
27 develop and implement a caseload management system for child

1 protective services caseworkers and managers that:

2 (1) ensures equity in the distribution of workload,
3 based on the complexity of each case;

4 (2) calculates caseloads based on the number of
5 individual caseworkers who are available to handle cases;

6 (3) includes geographic case assignment in areas with
7 concentrated high risk populations, to ensure that an adequate
8 number of caseworkers and managers with expertise and specialized
9 training are available;

10 (4) includes a plan to deploy master investigators in
11 anticipation of emergency shortages of personnel; and

12 (5) anticipates vacancies in caseworker positions in
13 areas of the state with high caseworker turnover to ensure the
14 timely hiring of new caseworkers in those areas.

15 (b) In calculating the caseworker caseload under Subsection
16 (a)(2), the department:

17 (1) may not count caseworkers who are on leave for four
18 weeks or more as available caseworkers;

19 (2) may not create fictive caseworkers to compensate
20 for overtime hours worked by caseworkers; and

21 (3) shall only count caseworkers who are on reduced
22 caseloads at a value of .3 or less.

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

25 Sec. 40.078. PREVENTION ADVISORY BOARD. (a) In this
26 section, "board" means the Prevention Advisory Board.

27 (b) The board is established in the department to promote

1 public awareness and make recommendations to the Health and Human
2 Services Commission, the Department of State Health Services, the
3 department, the governor, and the legislature for changes to law,
4 policy, and practices regarding:

5 (1) the prevention of child abuse and neglect;

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

9 (3) the expansion of evidence-based and promising
10 practice programs, as those terms are described by Sections
11 531.983(b) and (c), Government Code.

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

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

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

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

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

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

24 (6) any remaining members appointed by the
25 commissioner.

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

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

- 5 (1) a chair of a child fatality review team committee;
6 (2) a pediatrician;
7 (3) a judge;
8 (4) representatives of relevant state agencies;
9 (5) prosecutors who specialize in child abuse and
10 neglect;
11 (6) medical examiners;
12 (7) representatives of service providers to the
13 department; and
14 (8) policy experts in child abuse and neglect
15 prevention, community advocacy, or related fields.

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

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

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

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

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

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

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

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

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

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

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