

**House Bill 1549**  
Senate Amendments  
Section-by-Section Analysis

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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;

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No equivalent provision.

SECTION 1. Section 261.204(a), Family Code, is amended to read as follows:

(a) Not later than March 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;

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(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 3. Section 261.301, Family Code, is amended by adding Subsection (j) to read as follows:

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

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

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(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 2. Same as House version.

No equivalent provision.

No equivalent provision.

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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) 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 6. Subchapter C, Chapter 264, Family Code, is

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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 and who are receiving family-based safety services from the department. 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.

No equivalent provision.

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SECTION \_\_. Section 264.1075, Family Code, is amended by amending Subsection (b) and adding Subsection (c) to read as follows:

(b) As soon as possible after a child is placed in the managing conservatorship of the department [~~begins receiving foster care under this subchapter~~], the department shall assess whether the child has a developmental or intellectual disability.

(c) If the assessment required by Subsection (b) indicates that the child might have an intellectual disability, the department shall ensure that a referral for a determination of intellectual disability is made as soon as possible and that the determination is conducted by an authorized provider before the date of the child's 16th birthday, if practicable. If the child is placed in the managing conservatorship of the department after the child's 16th birthday, the determination of intellectual disability must be conducted as soon as possible after the assessment required by Subsection (b). In this subsection, "authorized provider" has the meaning assigned by Section 593.004, Health and Safety Code. [FA2]

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No equivalent provision.

SECTION 7. Sections 264.502(a) and (b), Family Code, are amended to read as follows:

- (a) The child fatality review team committee is composed of:
- (1) a person appointed by and representing the state registrar of vital statistics;
  - (2) a person appointed by and representing the commissioner of the department;

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SECTION 3. Subchapter B, Chapter 264, Family Code, is amended by adding Section 264.1261 to read as follows:

Sec. 264.1261. FOSTER CARE CAPACITY NEEDS PLAN.

(a) In this section, "community-based foster care" means the redesigned foster care services system required by Chapter 598 (S.B. 218), Acts of the 82nd Legislature, Regular Session, 2011.

(b) Appropriate department management personnel from a child protective services region in which community-based foster care has not been implemented, in collaboration with foster care providers, faith-based entities, and child advocates in that region, shall use data collected by the department on foster care capacity needs and availability of each type of foster care and kinship placement in the region to create a plan to address the substitute care capacity needs in the region. The plan must identify both short-term and long-term goals and strategies for addressing those capacity needs.

(c) A foster care capacity needs plan developed under Subsection (b) must be:

- (1) submitted to and approved by the commissioner; and
- (2) updated annually.

(d) The department shall publish each initial foster care capacity needs plan and each annual update to a plan on the department's Internet website.

SECTION 4. Same as House version.

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- (3) a person appointed by and representing the Title V director of the Department of State Health Services; ~~[and]~~
- (4) a person appointed by and representing the speaker of the house of representatives;
- (5) a person appointed by and representing the lieutenant governor;
- (6) a person appointed by and representing the governor; and
- (7) individuals selected under Subsection (b).
- (b) The members of the committee who serve under Subsections (a)(1) through (6) ~~[(3)]~~ shall select the following additional committee members:
- (1) a criminal prosecutor involved in prosecuting crimes against children;
  - (2) a sheriff;
  - (3) a justice of the peace;
  - (4) a medical examiner;
  - (5) a police chief;
  - (6) a pediatrician experienced in diagnosing and treating child abuse and neglect;
  - (7) a child educator;
  - (8) a child mental health provider;
  - (9) a public health professional;
  - (10) a child protective services specialist;
  - (11) a sudden infant death syndrome family service provider;
  - (12) a neonatologist;
  - (13) a child advocate;
  - (14) a chief juvenile probation officer;
  - (15) a child abuse prevention specialist;
  - (16) a representative of the Department of Public Safety;
  - (17) a representative of the Texas Department of Transportation;
  - (18) an emergency medical services provider; and

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

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 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) 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

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SECTION 5. 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 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) 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

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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 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 produce a report relating to child fatality and near fatality cases resulting from child abuse or neglect 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,

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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 unless the committee member is an appointed representative of a state agency.

SECTION 6. 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 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 must also develop a data collection strategy for near fatality child abuse or neglect cases.

Sec. 264.5032. REPORT ON CHILD FATALITY AND NEAR FATALITY DATA. (a) The department shall produce an aggregated report relating to child fatality and near fatality cases resulting from child abuse or neglect 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,

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

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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; and
  - (B) 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) In preparing the part of the report required by Subsection (a)(1), the department shall include information contained in department records retained in accordance with the

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- (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 10. Sections 264.505(a) and (c), Family Code, are amended to read as follows:

- (a) A multidisciplinary and multiagency child fatality review team may be established for a county to review child deaths in that county. A ~~[review team for a]~~ county ~~[with a population of less than 50,000]~~ may join with an adjacent county or counties to establish a combined review team.
- (c) A review team must reflect the diversity of the county's population and may include:
  - (1) a criminal prosecutor involved in prosecuting crimes against children;
  - (2) a sheriff;
  - (3) a justice of the peace or medical examiner;
  - (4) a police chief;
  - (5) a pediatrician experienced in diagnosing and treating child abuse and neglect;
  - (6) a child educator;
  - (7) a child mental health provider;
  - (8) a public health professional;
  - (9) a child protective services specialist;

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department's records retention schedule.

- (c) The report produced under this section must protect the identity of individuals involved in a case that is included in the report.
- (d) The department may combine the report required under this section with the annual child fatality report required to be produced under Section 261.204.

SECTION 7. Same as House version.

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- (10) a sudden infant death syndrome family service provider;
- (11) a neonatologist;
- (12) a child advocate;
- (13) a chief juvenile probation officer; and
- (14) a child abuse prevention specialist.

SECTION 11. Section 264.506(b), Family Code, is amended to read as follows:

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

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

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

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

(4) review and analyze the 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; and

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

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

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

SECTION 13. (a) Section 264.514, Family Code, is amended

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SECTION 8. Same as House version.

SECTION 9. Same as House version.

SECTION 10. Same as House version.

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by adding Subsection (a-1) and amending Subsection (b) to read as follows:

(a-1) The commissioners court of a county shall adopt regulations relating to the timeliness for conducting an inquest into the death of a child. The regulations adopted under this subsection must 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.

(b) The medical examiner or justice of the peace shall immediately notify an appropriate local law enforcement agency if the medical examiner or justice of the peace determines that the death is unexpected or the result of abuse or neglect, and that agency shall investigate the child's death. The medical examiner or justice of the peace shall 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.

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

SECTION 14. Section 264.903, Family Code, is amended by adding Subsection (a-1) to read as follows:

(a-1) The department shall expedite the evaluation of a potential caregiver under this section 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.

SECTION 15. Section 265.005(b), Family Code, is amended

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SECTION 12. Section 265.005(b), Family Code, is amended

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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) identify strategies 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 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

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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) identify strategies to increase the number of high-risk families and communities receiving prevention and early intervention services each year, subject to the availability of funds.

No equivalent provision.

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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. (a) The department and the Texas Higher Education Coordinating Board shall enter into agreements with institutions of higher education to conduct efficacy reviews of any prevention and early intervention services provided under this chapter that have not previously been evaluated for effectiveness in a research evaluation that meets the standards described by Subsection (b). The efficacy review shall include, when possible, a cost-benefit analysis of the program to the state.

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

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

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

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

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

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

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

(b) The department shall develop and make available a program to provide ongoing support to caseworkers who

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experience secondary trauma resulting from exposure to trauma in the course of the caseworker's employment. The program must include critical incident stress debriefing. The department may not require that a caseworker participate in the program.

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;

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(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.

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SECTION 19. Subchapter C, Chapter 40, Human Resources Code, is amended by adding Section 40.0529 to read as follows:

Sec. 40.0529. CASELOAD MANAGEMENT. (a) Subject to a specific appropriation for that purpose, the department shall develop and implement a caseload management system for child protective services caseworkers and managers that:

- (1) ensures equity in the distribution of workload, based on the complexity of each case;
- (2) calculates caseloads based on the number of individual caseworkers who are available to handle cases;
- (3) includes geographic case assignment in areas with concentrated high risk populations, to ensure that an adequate number of caseworkers and managers with expertise and specialized training are available;
- (4) includes a plan to deploy master investigators in anticipation of emergency shortages of personnel; and
- (5) anticipates vacancies in caseworker positions in areas of the state with high caseworker turnover to ensure the timely hiring of new caseworkers in those areas.

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

- (1) may not count caseworkers who are on leave for four weeks or more as available caseworkers;
- (2) may not create fictive caseworkers to compensate for overtime hours worked by caseworkers; and
- (3) shall only count caseworkers who are on reduced caseloads at a value of .3 or less.

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

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SECTION 15. Subchapter C, Chapter 40, Human Resources Code, is amended by adding Section 40.0529 to read as follows:

Sec. 40.0529. CASELOAD MANAGEMENT. (a) Subject to a specific appropriation for that purpose, the department shall develop and implement a caseload management system for child protective services caseworkers and managers that:

- (1) ensures equity in the distribution of workload, based on the complexity of each case;
- (2) calculates caseloads based on the number of individual caseworkers who are available to handle cases;
- (3) includes geographic case assignment in areas with concentrated high risk populations, to ensure that an adequate number of caseworkers and managers with expertise and specialized training are available;
- (4) includes a plan to deploy master investigators in anticipation of emergency shortages of personnel; and
- (5) anticipates vacancies in caseworker positions in areas of the state with high caseworker turnover to ensure the timely hiring of new caseworkers in those areas.

(b) In calculating the caseworker caseload under Subsection (a)(2), the department shall consider at least the following:

- (1) caseworkers who are on extended leave;
- (2) caseworkers who worked hours beyond a normal work week; and
- (3) caseworkers who are on a reduced workload.

SECTION 16. Subchapter C, Chapter 40, Human Resources Code, is amended by adding Section 40.078 to read as

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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 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 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) 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

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follows:

Sec. 40.078. PREVENTION TASK FORCE. (a) In this section, "task force" means the Prevention Task Force.

(b) The commissioner shall establish the Prevention Task Force to make recommendations to the department for changes to law, policy, and practices regarding:

(1) the prevention of child abuse and neglect;

(2) the implementation of the changes in law made by H.B. 1549, Acts of the 85th Legislature, Regular Session, 2017; and

(3) the implementation of the department's five-year strategic plan for prevention and early intervention services developed under Section 265.005, Family Code.

(c) The commissioner shall determine the number of members on the task force and shall appoint members to the task force accordingly.

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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) 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.

(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

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Members of the task force 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.
- (d) The commissioner shall select the chair of the task force.

(e) The task force shall meet at times and locations as determined by the chair of the task force.

(f) A vacancy on the task force shall be filled in the same manner as the original appointment.

(g) A member of the task force is not entitled to compensation or reimbursement of expenses incurred in performing duties related to the task force.

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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.

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(h) The department shall provide reasonably necessary administrative and technical support to the task force.

(i) The department may accept on behalf of the task force a gift, grant, or donation from any source to carry out the purposes of the task force.

(j) Chapter 2110, Government Code, does not apply to the task force.

(k) Not later than August 31, 2018, the task force shall submit a report to the commissioner. The report must include:

(1) a description of the activities of the task force; and

(2) the findings and recommendations of the task force.

(l) The task force is abolished and this section expires August

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31, 2018.

No equivalent provision.

SECTION 17. As soon as practicable after the effective date of this Act, the commissioner of the Department of Family and Protective Services shall appoint members to the Prevention Task Force created by this Act under Section 40.078, Human Resources Code, as added by this Act.

No equivalent provision.

Same as House version. SECTION 18. [Deleted by FA1]

SECTION 21. This Act takes effect September 1, 2017.

SECTION 19. Same as House version.