

## Chapter 822

H.B. No. 1549

### AN ACT

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

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

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

1 investigations involving the child or the individual alleged to  
2 have abused or neglected the child during the two years preceding  
3 the date of the fatality and the results of the investigations;

4 (5) whether the department offered family-based  
5 safety services or conservatorship services to the child or family;

6 (6) the types of abuse and neglect alleged in the  
7 reported investigations, if any; and

8 (7) any trends identified in the investigations  
9 contained in the report.

10 SECTION 2. Section 261.301, Family Code, is amended by  
11 adding Subsection (j) to read as follows:

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

16 SECTION 3. Section 264.1075, Family Code, is amended by  
17 amending Subsection (b) and adding Subsection (c) to read as  
18 follows:

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

23 (c) If the assessment required by Subsection (b) indicates  
24 that the child might have an intellectual disability, the  
25 department shall ensure that a referral for a determination of  
26 intellectual disability is made as soon as possible and that the  
27 determination is conducted by an authorized provider before the

1 date of the child's 16th birthday, if practicable. If the child is  
2 placed in the managing conservatorship of the department after the  
3 child's 16th birthday, the determination of intellectual  
4 disability must be conducted as soon as possible after the  
5 assessment required by Subsection (b). In this subsection,  
6 "authorized provider" has the meaning assigned by Section 593.004,  
7 Health and Safety Code.

8 SECTION 4. Subchapter B, Chapter 264, Family Code, is  
9 amended by adding Section 264.1261 to read as follows:

10 Sec. 264.1261. FOSTER CARE CAPACITY NEEDS PLAN. (a) In  
11 this section, "community-based foster care" means the redesigned  
12 foster care services system required by Chapter 598 (S.B. 218),  
13 Acts of the 82nd Legislature, Regular Session, 2011.

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

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

26 (1) submitted to and approved by the commissioner; and

27 (2) updated annually.

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

4        SECTION 5. Sections 264.502(a) and (b), Family Code, are  
5 amended to read as follows:

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

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

9            (2) a person appointed by and representing the  
10 commissioner of the department;

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

13           (4) a person appointed by and representing the speaker  
14 of the house of representatives;

15           (5) a person appointed by and representing the  
16 lieutenant governor;

17           (6) a person appointed by and representing the  
18 governor; and

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

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

23           (1) a criminal prosecutor involved in prosecuting  
24 crimes against children;

25           (2) a sheriff;

26           (3) a justice of the peace;

27           (4) a medical examiner;

- 1 (5) a police chief;
- 2 (6) a pediatrician experienced in diagnosing and
- 3 treating child abuse and neglect;
- 4 (7) a child educator;
- 5 (8) a child mental health provider;
- 6 (9) a public health professional;
- 7 (10) a child protective services specialist;
- 8 (11) a sudden infant death syndrome family service
- 9 provider;
- 10 (12) a neonatologist;
- 11 (13) a child advocate;
- 12 (14) a chief juvenile probation officer;
- 13 (15) a child abuse prevention specialist;
- 14 (16) a representative of the Department of Public
- 15 Safety;
- 16 (17) a representative of the Texas Department of
- 17 Transportation;
- 18 (18) an emergency medical services provider; and
- 19 (19) a provider of services to, or an advocate for,
- 20 victims of family violence.

21 SECTION 6. Section 264.503, Family Code, is amended by  
22 amending Subsections (d) and (e) and adding Subsection (h) to read  
23 as follows:

- 24 (d) The Department of State Health Services shall:
  - 25 (1) recognize the creation and participation of review
  - 26 teams;
  - 27 (2) promote and coordinate training to assist the

1 review teams in carrying out their duties;

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

4 (A) the reporting and investigating of child  
5 fatalities for law enforcement agencies, child protective  
6 services, justices of the peace and medical examiners, and other  
7 professionals involved in the investigations of child deaths;

8 (B) the collection of data regarding child  
9 deaths; and

10 (C) the operation of the review teams;

11 (4) develop and implement procedures necessary for the  
12 operation of the committee; ~~and~~

13 (5) develop and make available training for justices  
14 of the peace and medical examiners regarding inquests in child  
15 death cases; and

16 (6) promote education of the public regarding the  
17 incidence and causes of child deaths, the public role in preventing  
18 child deaths, and specific steps the public can undertake to  
19 prevent child deaths.

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

22 (1) collect data under this subchapter and coordinate  
23 the collection of data under this subchapter with other data  
24 collection activities; ~~and~~

25 (2) perform annual statistical studies of the  
26 incidence and causes of child fatalities using the data collected  
27 under this subchapter; and

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

4           (h) Each member of the committee must be a member of the  
5 child fatality review team in the county where the committee member  
6 resides unless the committee member is an appointed representative  
7 of a state agency.

8           SECTION 7. Subchapter F, Chapter 264, Family Code, is  
9 amended by adding Sections 264.5031 and 264.5032 to read as  
10 follows:

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

16           (b) The department shall include near fatality child abuse  
17 or neglect cases in the child fatality case database, for cases in  
18 which child abuse or neglect is determined to have been the cause of  
19 the near fatality. The department must also develop a data  
20 collection strategy for near fatality child abuse or neglect cases.

21           Sec. 264.5032. REPORT ON CHILD FATALITY AND NEAR FATALITY  
22 DATA. (a) The department shall produce an aggregated report  
23 relating to child fatality and near fatality cases resulting from  
24 child abuse or neglect containing the following information:

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

1 dispositions:

2 (A) priority none or administrative closure;

3 (B) call screened out;

4 (C) alternative or differential response

5 provided;

6 (D) unable to complete the investigation;

7 (E) unable to determine whether abuse or neglect

8 occurred;

9 (F) reason to believe abuse or neglect occurred;

10 or

11 (G) child removed and placed into substitute

12 care;

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

15 (A) the number of caseworkers assigned to the  
16 case before the fatality or near fatality occurred; and

17 (B) the caseworker's caseload at the time the  
18 case was opened and at the time the case was closed;

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

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

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

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

27 (4) the number of contacts the department made with



1 children and families in family-based safety services cases; and  
2 (5) the initial and attempted contacts the department  
3 made with child abuse and neglect victims.

4 (b) In preparing the part of the report required by  
5 Subsection (a)(1), the department shall include information  
6 contained in department records retained in accordance with the  
7 department's records retention schedule.

8 (c) The report produced under this section must protect the  
9 identity of individuals involved in a case that is included in the  
10 report.

11 (d) The department may combine the report required under  
12 this section with the annual child fatality report required to be  
13 produced under Section 261.204.

14 SECTION 8. Sections 264.505(a) and (c), Family Code, are  
15 amended to read as follows:

16 (a) A multidisciplinary and multiagency child fatality  
17 review team may be established for a county to review child deaths  
18 in that county. A [~~review team for a~~] county [~~with a population of~~  
19 ~~less than 50,000~~] may join with an adjacent county or counties to  
20 establish a combined review team.

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

23 (1) a criminal prosecutor involved in prosecuting  
24 crimes against children;

25 (2) a sheriff;

26 (3) a justice of the peace or medical examiner;

27 (4) a police chief;

- 1 (5) a pediatrician experienced in diagnosing and  
2 treating child abuse and neglect;
- 3 (6) a child educator;
- 4 (7) a child mental health provider;
- 5 (8) a public health professional;
- 6 (9) a child protective services specialist;
- 7 (10) a sudden infant death syndrome family service  
8 provider;
- 9 (11) a neonatologist;
- 10 (12) a child advocate;
- 11 (13) a chief juvenile probation officer; and
- 12 (14) a child abuse prevention specialist.

13 SECTION 9. Section 264.506(b), Family Code, is amended to  
14 read as follows:

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

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

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

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

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

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

3           SECTION 10. Section 264.509, Family Code, is amended by  
4 adding Subsection (b-1) to read as follows:

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

8           SECTION 11. (a) Section 264.514, Family Code, is amended by  
9 adding Subsection (a-1) and amending Subsection (b) to read as  
10 follows:

11           (a-1) The commissioners court of a county shall adopt  
12 regulations relating to the timeliness for conducting an inquest  
13 into the death of a child. The regulations adopted under this  
14 subsection must be as stringent as the standards issued by the  
15 National Association of Medical Examiners unless the commissioners  
16 court determines that it would be cost prohibitive for the county to  
17 comply with those standards.

18           (b) The medical examiner or justice of the peace shall  
19 immediately notify an appropriate local law enforcement agency if  
20 the medical examiner or justice of the peace determines that the  
21 death is unexpected or the result of abuse or neglect, and that  
22 agency shall investigate the child's death. The medical examiner or  
23 justice of the peace shall notify the appropriate county child  
24 fatality review team of the child's death not later than the 120th  
25 day after the date the death is reported.

26           (b) A county must attempt to implement the timeliness  
27 standards for inquests as described by Section 264.514(a-1), Family

1 Code, as added by this Act, as soon as possible after the effective  
2 date of this Act.

3 SECTION 12. Section 264.903, Family Code, is amended by  
4 adding Subsection (a-1) to read as follows:

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

9 SECTION 13. Section 265.005(b), Family Code, is amended to  
10 read as follows:

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

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

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

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

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

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

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

26 (7) identify specific strategies to implement the plan  
27 and to develop measures for reporting on the overall progress

1 toward the plan's goals; and

2 (8) identify strategies and goals for increasing the  
3 number of families receiving prevention and early intervention  
4 services each year, subject to the availability of funds, to reach  
5 targets set by the department for providing services to families  
6 that are eligible to receive services through parental education,  
7 family support, and community-based programs financed with  
8 federal, state, local, or private resources.

9 SECTION 14. Subchapter A, Chapter 265, Family Code, is  
10 amended by adding Sections 265.007 and 265.008 to read as follows:

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

15 (1) identify geographic areas that have a high need  
16 for prevention and early intervention services but do not have  
17 prevention and early intervention services available in the area or  
18 have only unevaluated prevention and early intervention services  
19 available in the area; and

20 (2) develop strategies for community partners to:

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

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

25 (C) reduce child fatalities.

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

1       Sec. 265.008. EVALUATION OF PREVENTION AND EARLY  
2 INTERVENTION SERVICES. (a) The department may enter into  
3 agreements with institutions of higher education to conduct  
4 efficacy reviews of any prevention and early intervention services  
5 provided under this chapter that have not previously been evaluated  
6 for effectiveness in a research evaluation. The efficacy review  
7 shall include, when possible, a cost-benefit analysis of the  
8 program to the state and, when applicable, the return on investment  
9 of the program to the state.

10       (b) The department may not enter into an agreement to  
11 conduct a program efficacy evaluation under this section unless:

12               (1) the agreement with the institution of higher  
13 education is cost neutral; and

14               (2) the department and institution of higher education  
15 conducting the evaluation under this section protect the identity  
16 of individuals who are receiving services from the department that  
17 are being evaluated.

18       SECTION 15. Subchapter B, Chapter 40, Human Resources Code,  
19 is amended by adding Section 40.038 to read as follows:

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

23       (b) The department shall develop and make available a  
24 program to provide ongoing support to caseworkers who experience  
25 secondary trauma resulting from exposure to trauma in the course of  
26 the caseworker's employment. The program must include critical  
27 incident stress debriefing. The department may not require that a

1 caseworker participate in the program.

2 SECTION 16. Subchapter C, Chapter 40, Human Resources Code,  
3 is amended by adding Section 40.0516 to read as follows:

4 Sec. 40.0516. COLLECTION OF DATA; ANNUAL REPORT. (a) The  
5 department shall collect and compile the following data on the  
6 state and county level:

7 (1) the following information for reports of abuse and  
8 neglect in residential child-care facilities, as defined by Section  
9 42.002:

10 (A) the number of reports of abuse and neglect  
11 made to the department hotline;

12 (B) the types of abuse and neglect reported;

13 (C) the investigation priority level assigned to  
14 each report;

15 (D) the investigation response times, sorted by  
16 investigation priority;

17 (E) the disposition of each investigation;

18 (F) the number of reports of abuse and neglect to  
19 which the department assigned a disposition of call screened out or  
20 alternative or differential response provided; and

21 (G) the overall safety and risk finding for each  
22 investigation;

23 (2) the number of families referred to family  
24 preservation services, organized by the risk level assigned to each  
25 family through structured decision-making;

26 (3) the number of children removed from the child's  
27 home as the result of an investigation of a report of abuse or

1 neglect and the primary circumstances that contributed to the  
2 removal;

3 (4) the number of children placed in substitute care,  
4 organized by type of placement;

5 (5) the number of children placed out of the child's  
6 home county or region;

7 (6) the number of children in the conservatorship of  
8 the department at each service level;

9 (7) the number of children in the conservatorship of  
10 the department who are pregnant or who are a parent;

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

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

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

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

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

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

27 (11) workforce turnover data for child protective



1 services employees, including the average tenure of caseworkers and  
2 supervisors and the average salary of caseworkers and supervisors.

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

7 SECTION 17. Subchapter C, Chapter 40, Human Resources Code,  
8 is amended by adding Section 40.0529 to read as follows:

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

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

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

17 (3) includes geographic case assignment in areas with  
18 concentrated high risk populations, to ensure that an adequate  
19 number of caseworkers and managers with expertise and specialized  
20 training are available;

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

23 (5) anticipates vacancies in caseworker positions in  
24 areas of the state with high caseworker turnover to ensure the  
25 timely hiring of new caseworkers in those areas.

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

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

5           SECTION 18. Subchapter C, Chapter 40, Human Resources Code,  
6 is amended by adding Section 40.078 to read as follows:

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

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

- 12           (1) the prevention of child abuse and neglect;
- 13           (2) the implementation of the changes in law made by  
14 H.B. 1549, Acts of the 85th Legislature, Regular Session, 2017; and
- 15           (3) the implementation of the department's five-year  
16 strategic plan for prevention and early intervention services  
17 developed under Section 265.005, Family Code.

18           (c) The commissioner shall determine the number of members  
19 on the task force and shall appoint members to the task force  
20 accordingly. Members of the task force may include:

- 21           (1) a chair of a child fatality review team committee;
- 22           (2) a pediatrician;
- 23           (3) a judge;
- 24           (4) representatives of relevant state agencies;
- 25           (5) prosecutors who specialize in child abuse and  
26 neglect;
- 27           (6) medical examiners;

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

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

5           (d) The commissioner shall select the chair of the task  
6 force.

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

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

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

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

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

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

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

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

24 and

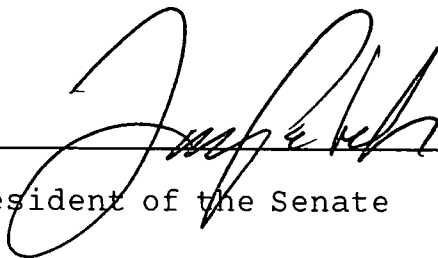
25           (2) the findings and recommendations of the task  
26 force.

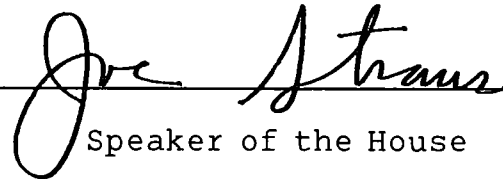
27           (l) The task force is abolished and this section expires

1 August 31, 2019.

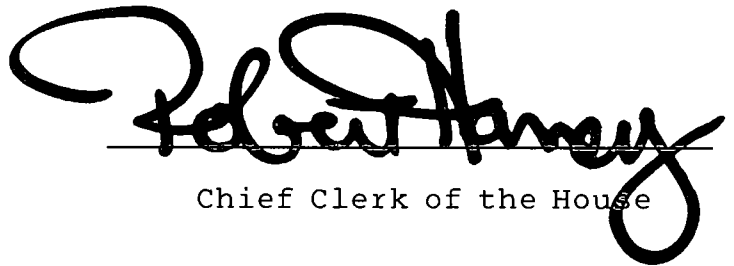
2           SECTION 19. As soon as practicable after the effective date  
3 of this Act, the commissioner of the Department of Family and  
4 Protective Services shall appoint members to the Prevention Task  
5 Force created by this Act under Section 40.078, Human Resources  
6 Code, as added by this Act.

7           SECTION 20. This Act takes effect September 1, 2017.

  
\_\_\_\_\_  
President of the Senate

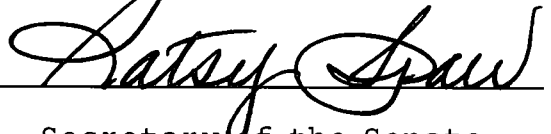
  
\_\_\_\_\_  
Speaker of the House

I certify that H.B. No. 1549 was passed by the House on May 6, 2017, by the following vote: Yeas 142, Nays 1, 2 present, not voting; that the House refused to concur in Senate amendments to H.B. No. 1549 on May 25, 2017, and requested the appointment of a conference committee to consider the differences between the two houses; and that the House adopted the conference committee report on H.B. No. 1549 on May 28, 2017, by the following vote: Yeas 141, Nays 1, 2 present, not voting.

  
\_\_\_\_\_  
Chief Clerk of the House


H.B. No. 1549

I certify that H.B. No. 1549 was passed by the Senate, with amendments, on May 23, 2017, by the following vote: Yeas 31, Nays 0; at the request of the House, the Senate appointed a conference committee to consider the differences between the two houses; and that the Senate adopted the conference committee report on H.B. No. 1549 on May 28, 2017, by the following vote: Yeas 31, Nays 0.

  
Secretary of the Senate

APPROVED: 6-10-2017  
Date

  
Governor

FILED IN THE OFFICE OF THE  
SECRETARY OF STATE  
3 PM O'CLOCK  
JUN 15 2017  
  
Secretary of State

**LEGISLATIVE BUDGET BOARD  
Austin, Texas**

**FISCAL NOTE, 85TH LEGISLATIVE REGULAR SESSION**

**May 24, 2017**

**TO:** Honorable Joe Straus, Speaker of the House, House of Representatives

**FROM:** Ursula Parks, Director, Legislative Budget Board

**IN RE: HB1549** by Burkett (Relating to the provision of services by the Department of Family and Protective Services, including child protective services and prevention and early intervention services.), **As Passed 2nd House**

|   |
|---|
| <b>No significant fiscal implication to the State is anticipated.</b> |
|---|

The bill would amend the Family Code and Human Resources Code relating to the provisions of services by the Department of Family and Protective Services (DFPS), including child protective services and prevention and early intervention services. This analysis assumes the duties and responsibilities associated with implementing the provisions of the bill could be accomplished by utilizing existing resources.

The bill would take effect September 1, 2017.

**Local Government Impact**

According to the Texas Association of Counties, the fiscal impact to counties cannot be determined.

**Source Agencies:**

**LBB Staff:** UP, KCA, EP, JLi

**LEGISLATIVE BUDGET BOARD**  
**Austin, Texas**

**FISCAL NOTE, 85TH LEGISLATIVE REGULAR SESSION**

**May 22, 2017**

**TO:** Honorable Charles Schwertner, Chair, Senate Committee on Health & Human Services

**FROM:** Ursula Parks, Director, Legislative Budget Board

**IN RE: HB1549** by Burkett (Relating to the provision of services by the Department of Family and Protective Services, including child protective services and prevention and early intervention services.), **Committee Report 2nd House, Substituted**

**No significant fiscal implication to the State is anticipated.**

The bill would amend the Family Code and Human Resources Code relating to the provisions of services by the Department of Family and Protective Services (DFPS), including child protective services and prevention and early intervention services. This analysis assumes the duties and responsibilities associated with implementing the provisions of the bill could be accomplished by utilizing existing resources.

The bill would take effect September 1, 2017.

**Local Government Impact**

According to the Texas Association of Counties, the fiscal impact to counties cannot be determined.

**Source Agencies:**

**LBB Staff:** UP, KCA, EP, JLi



**LEGISLATIVE BUDGET BOARD**  
Austin, Texas

**FISCAL NOTE, 85TH LEGISLATIVE REGULAR SESSION**

**May 16, 2017**

**TO:** Honorable Charles Schwertner, Chair, Senate Committee on Health & Human Services

**FROM:** Ursula Parks, Director, Legislative Budget Board

**IN RE: HB1549** by Burkett (Relating to the provision of services by the Department of Family and Protective Services, including child protective services and prevention and early intervention services.), **As Engrossed**

**Estimated Two-year Net Impact to General Revenue Related Funds** for HB1549, As Engrossed: a negative impact of (\$27,627,860) through the biennium ending August 31, 2019.

The bill would make no appropriation but could provide the legal basis for an appropriation of funds to implement the provisions of the bill.

**General Revenue-Related Funds, Five-Year Impact:**

| Fiscal Year | Probable Net Positive/(Negative) Impact<br>to General Revenue Related Funds |
|-------------|---|
| 2018        | (\$13,863,210)  |
| 2019        | (\$13,764,650)  |
| 2020        | (\$6,524,733)   |
| 2021        | (\$6,524,733)   |
| 2022        | (\$6,524,733)   |

**All Funds, Five-Year Impact:**

| Fiscal Year | Probable<br>Savings/(Cost) from<br><i>General Revenue Fund</i><br>1 | Probable<br>Savings/(Cost) from<br><i>Federal Funds</i><br>555 | Probable<br>Savings/(Cost) from<br><i>GR Match For</i><br><i>Medicaid</i><br>758 | Change in Number of<br>State Employees from<br>FY 2017 |
|-------------|---|--|--|--|
| 2018        | (\$13,837,711)  | (\$2,006,450)  | (\$25,499)   | 26.0   |
| 2019        | (\$13,740,393)  | (\$1,991,804)  | (\$24,257)   | 26.0   |
| 2020        | (\$6,517,351)   | (\$73,825)   | (\$7,382)  | 10.0   |
| 2021        | (\$6,517,351)   | (\$73,825)   | (\$7,382)  | 10.0   |
| 2022        | (\$6,517,351)   | (\$73,825)   | (\$7,382)  | 10.0   |

## **Fiscal Analysis**

The bill would require the Department of Family and Protective Services (DFPS) to designate caseworkers to conduct investigations involving child fatalities.

The bill would require DFPS to publish the aggregated child fatality investigations report no later than February 1 of each year.

The bill would require DFPS, in geographic areas with demonstrated need, to designate employees to be investigators and responders for after-hours reports of abuse and neglect.

The bill would require DFPS to use a web-based system to assist in making the best placement decision for a foster child, including certain criteria related to level of care, location, provider preferences, and history.

The bill would require DFPS to create a foster care provider recruitment plan.

The bill would require DFPS to implement an evidence-based program providing frequent in-home visits to families with a history of, or risk factors for, child abuse or neglect.

The bill would add additional members to the child fatality review team committee.

The bill would require the Department of State Health Services (DSHS) to develop and implement training for justices of the peace and medical examiners regarding inquests into child death cases, evaluate and use child fatality data to create public health strategies for the prevention of child fatalities, and include near fatality child abuse and neglect cases in the child fatality case database. DSHS would be required to track and analyze near fatality data and produce a report on the topic. DSHS would be required to provide child fatality review teams with electronic access to the preliminary death certificate for a deceased child.

The bill would require local county commissioners courts to adopt regulations relating to the timelines for conducting an inquest into the death of a child, and would require the county's medical examiner or justice of the peace to notify the appropriate county child fatality review team not later than the 120th day after the death is reported.

The bill would set a growth strategy goal to provide prevention and early intervention (PEI) services to 50 percent of the highest risk families that are eligible to receive services, defined as 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 limit. The bill would direct DFPS to use a geographic focus to direct PEI services to families with the greatest need.

The bill would require DFPS and the Texas Higher Education Coordinating Board (THECB) to enter into agreements with institutions of higher education to conduct efficacy reviews of certain PEI services.

The bill would require DFPS to expand the capacity of home visiting services by 20 percent in counties that meet certain criteria.

The bill would require DFPS to develop a program to provide ongoing support, including critical stress debriefing, to caseworkers who experience secondary trauma from being exposed to trauma during employment.

The bill would require the department to develop and implement a caseload management system for child protective services caseworkers and managers.

The bill would require the creation of a Prevention Advisory board to advise on the prevention of child abuse and neglect.

The bill would take effect September 1, 2017.

### **Methodology**

The bill is estimated to result in a net cost of \$15.9 million in All Funds in fiscal year 2018, \$15.8 million in All Funds in fiscal year 2019, and \$6.6 million in All Funds each subsequent fiscal year.

DFPS assumes that 7.0 additional FTEs would be required for the creation of a specialized unit to investigate child fatalities, resulting in an All Funds cost of \$0.8 million in fiscal year 2018 for salary and benefits and \$0.7 million in each fiscal year thereafter.

To develop the web-based placement system, DFPS assumed the need for one-time information technology of \$3.1 million in All Funds, including \$1.6 million in General Revenue funds, in fiscal year 2018 and \$3.5 million in All Funds, including \$1.7 million in General Revenue funds, in fiscal year 2019. Additionally, DFPS estimates the need for 16.0 FTEs in fiscal years 2018 and 2019, resulting in an All Funds cost of \$1.8 million, including \$1.6 million in General Revenue, in fiscal year 2018 and an All Funds cost of \$1.7 million, including \$1.5 million in General Revenue, in fiscal year 2019 for salary and benefits.

In order to serve an additional 2,000 families in Family Preservation Services receiving Family Based Safety Services, at a cost of \$3,972 for an evidence-based model, this analysis assumes a cost of \$4.0 million in General Revenue in fiscal year 2018 and \$4.0 in General Revenue fiscal year 2019 to implement an evidence-based program providing frequent in-home visits to families with a history of, or risk factors for, child abuse or neglect.

DSHS assumes that existing resources could be used to develop and implement training for justices of the peace and medical examiners regarding inquests in child death cases. DSHS assumes that 2.0 FTEs would be required to support evaluation, training, and reporting on child near-fatality data at a General Revenue cost of \$0.2 million beginning in fiscal year 2018. DSHS reports that no technology costs would be required to support this provision, as the National Center for Fatality Review and Prevention Online Database currently maintains the ability to capture data on near fatalities. DFPS assumes that \$0.4 million in All Funds, including \$0.2 million in General Revenue, would be required in fiscal year 2018 for one-time technology costs to add additional data elements related to caseworkers to IMPACT.

THECB assumes that 1.0 FTEs will be required to conduct the PEI review, at a General Revenue cost of \$45,875 in fiscal year 2018 and \$40,875 in each fiscal year thereafter.

In order to expand the capacity of home visiting services provide by the PEI division by 20 percent in the required six counties, DFPS estimates an increase of 1,400 annual families receiving home visits will be required. With an estimated cost of \$4,000 per family, the analysis assumes a cost of \$5.6 million in General Revenue each fiscal year.

It is assumed any other provisions of the bill related to DFPS can be implemented within the available resources of the department.

Based on the analysis of Texas A&M University and the University of Texas, any work resulting from provisions of the bill related to evaluation of PEI programs could reasonably be absorbed within current resources.

### **Technology**

Technology costs are estimated to be \$7.0 million in the 2018-19 biennium for one-time implementation costs. This includes \$0.4 million for upgrades to IMPACT, \$6.6 million for the new web-based placement system, and \$1,600 per additional FTE for computer and laptop accessories.

### **Local Government Impact**

According to the Texas Association of Counties, the fiscal impact to counties cannot be determined.

**Source Agencies:** 530 Family and Protective Services, Department of, 503 Texas Medical Board, 529 Health and Human Services Commission, 537 State Health Services, Department of, 696 Department of Criminal Justice, 710 Texas A&M University System Administrative and General Offices, 720 The University of Texas System Administration, 781 Higher Education Coordinating Board

**LBB Staff:** UP, KCA, EP, JLi, LR, JBi, EK, JGA

**LEGISLATIVE BUDGET BOARD**  
**Austin, Texas**

**FISCAL NOTE, 85TH LEGISLATIVE REGULAR SESSION**

**April 18, 2017**

**TO:** Honorable Richard Peña Raymond, Chair, House Committee on Human Services

**FROM:** Ursula Parks, Director, Legislative Budget Board

**IN RE: HB1549** by Burkett (Relating to the provision of services by the Department of Family and Protective Services, including child protective services and prevention and early intervention services.), **Committee Report 1st House, Substituted**

**Estimated Two-year Net Impact to General Revenue Related Funds** for HB1549, Committee Report 1st House, Substituted: a negative impact of (\$113,150,360) through the biennium ending August 31, 2019.

The bill would make no appropriation but could provide the legal basis for an appropriation of funds to implement the provisions of the bill.

**General Revenue-Related Funds, Five-Year Impact:**

| Fiscal Year | Probable Net Positive/(Negative) Impact<br>to General Revenue Related Funds |
|-------------|---|
| 2018        | (\$42,370,710)  |
| 2019        | (\$70,779,650)  |
| 2020        | (\$92,047,233)  |
| 2021        | (\$120,554,733)   |
| 2022        | (\$149,062,233)   |

**All Funds, Five-Year Impact:**

| Fiscal Year | Probable<br>Savings/(Cost) from<br><i>General Revenue Fund</i><br>1 | Probable<br>Savings/(Cost) from<br><i>Federal Funds</i><br>555 | Probable<br>Savings/(Cost) from<br><i>GR Match For</i><br><i>Medicaid</i><br>758 | Change in Number of<br>State Employees from<br>FY 2017 |
|-------------|---|--|--|--|
| 2018        | (\$42,345,211)  | (\$2,006,450)  | (\$25,499)   | 26.0   |
| 2019        | (\$70,755,393)  | (\$1,991,804)  | (\$24,257)   | 26.0   |
| 2020        | (\$92,039,851)  | (\$73,825)   | (\$7,382)  | 10.0   |
| 2021        | (\$120,547,351)   | (\$73,825)   | (\$7,382)  | 10.0   |
| 2022        | (\$149,054,851)   | (\$73,825)   | (\$7,382)  | 10.0   |

## **Fiscal Analysis**

The bill would require the Department of Family and Protective Services (DFPS) to designate caseworkers to conduct investigations involving child fatalities.

The bill would require DFPS to publish the aggregated child fatality investigations report no later than February 1 of each year.

The bill would require DFPS, in geographic areas with demonstrated need, to designate employees to be investigators and responders for after-hours reports of abuse and neglect.

The bill would require DFPS to use a web-based system to assist in making the best placement decision for a foster child, including certain criteria related to level of care, location, provider preferences, and history.

The bill would require DFPS to create a foster care provider recruitment plan.

The bill would require DFPS to implement an evidence-based program providing frequent in-home visits to families with a history of, or risk factors for, child abuse or neglect.

The bill would add additional members to the child fatality review team committee.

The bill would require the Department of State Health Services (DSHS) to develop and implement training for justices of the peace and medical examiners regarding inquests into child death cases, evaluate and use child fatality data to create public health strategies for the prevention of child fatalities, and include near fatality child abuse and neglect cases in the child fatality case database. DSHS would be required to track and analyze near fatality data and produce a report on the topic. DSHS would be required to provide child fatality review teams with electronic access to the preliminary death certificate for a deceased child.

The bill would require local county commissioners courts to adopt regulations relating to the timelines for conducting an inquest into the death of a child, and would require the county's medical examiner or justice of the peace to notify the appropriate county child fatality review team not later than the 120th day after the death is reported.

The bill would set a growth strategy goal to provide prevention and early intervention (PEI) services to 50 percent of the highest risk families that are eligible to receive services, defined as 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 limit. The bill would direct DFPS to use a geographic focus to direct PEI services to families with the greatest need.

The bill would require DFPS and the Texas Higher Education Coordinating Board (THECB) to enter into agreements with institutions of higher education to conduct efficacy reviews of certain PEI services.

The bill would require DFPS to expand the capacity of home visiting services by 20 percent in counties that meet certain criteria.

The bill would require DFPS to develop a program to provide ongoing support, including critical stress debriefing, to caseworkers who experience secondary trauma from being exposed to trauma during employment.

The bill would require the department to develop and implement a caseload management system for child protective services caseworkers and managers.

The bill would require the creation of a Prevention Advisory board to advise on the prevention of child abuse and neglect.

The bill would take effect September 1, 2017.

## **Methodology**

The bill is estimated to result in a net cost of \$44.4 million in All Funds in fiscal year 2018, \$72.8 million in All Funds in fiscal year 2019, \$92.1 million in All Funds in fiscal year 2020, \$120.6 million in All Funds in fiscal year 2021, and \$149.1 million in All Funds in fiscal year 2022.

DFPS assumes that 7.0 additional FTEs would be required for the creation of a specialized unit to investigate child fatalities, resulting in an All Funds cost of \$0.8 million in fiscal year 2018 for salary and benefits and \$0.7 million in each fiscal year thereafter.

To develop the web-based placement system, DFPS assumed the need for one-time information technology of \$3.1 million in All Funds, including \$1.6 million in General Revenue funds, in fiscal year 2018 and \$3.5 million in All Funds, including \$1.7 million in General Revenue funds, in fiscal year 2019. Additionally, DFPS estimates the need for 16.0 FTEs in fiscal years 2018 and 2019, resulting in an All Funds cost of \$1.8 million, including \$1.6 million in General Revenue, in fiscal year 2018 and an All Funds cost of \$1.7 million, including \$1.5 million in General Revenue, in fiscal year 2019 for salary and benefits.

In order to serve an additional 2,000 families in Family Preservation Services, at a cost of \$3,972 for an evidence-based model, this analysis assumes a cost of \$4.0 million in General Revenue in fiscal year 2018 and \$4.0 in General Revenue fiscal year 2019 to implement an evidence-based program providing frequent in-home visits to families with a history of, or risk factors for, child abuse or neglect.

DSHS assumes that existing resources could be used to develop and implement training for justices of the peace and medical examiners regarding inquests in child death cases. DSHS assumes that 2.0 FTEs would be required to support evaluation, training, and reporting on child near-fatality data at a General Revenue cost of \$0.2 million beginning in fiscal year 2018. DSHS reports that no technology costs would be required to support this provision, as the National Center for Fatality Review and Prevention Online Database currently maintains the ability to capture data on near fatalities. DFPS assumes that \$0.4 million in All Funds, including \$0.2 million in General Revenue, would be required in fiscal year 2018 for one-time technology costs to add additional data elements related to caseworkers to IMPACT.

Based on US Census data, there are an estimated 126,701 families in Texas with children under the age of five living at or below 50 percent of the federal poverty limit. The bill would set a growth target of 50 percent receiving PEI services. Costs would vary widely dependent on the level of services provided and dependent on whether services were able to be partially funded through federal, local, or private resources. Additionally, costs could be lower to the extent that families are already being served. This analysis assumes that half of eligible families (31,675) would complete a full program of services at an annual cost of \$3,000 per family, and half would receive partial services at an annual cost of \$1,500, for a total eventual cost of \$142.5 million in General Revenue in each fiscal year. The analysis assumes that this cost would be implemented over a five year timespan, with the cost totaling \$28.5 million in fiscal year 2018, \$57.0 million in fiscal year

2019, \$85.5 million in fiscal year 2020, \$114.0 million in fiscal year 2021, and \$142.5 million in fiscal year 2022.

THECB assumes that 1.0 FTEs will be required to conduct the PEI review, at a General Revenue cost of \$45,875 in fiscal year 2018 and \$40,875 in each fiscal year thereafter.

In order to expand the capacity of home visiting services provide by the PEI division by 20 percent in the required six counties, DFPS estimates an increase of 1,400 annual families receiving home visits will be required. With an estimated cost of \$4,000 per family, the analysis assumes a cost of \$5.6 million in General Revenue each fiscal year.

It is assumed any other provisions of the bill related to DFPS can be implemented within the available resources of the department.

Based on the analysis of Texas A&M University and the University of Texas, any work resulting from provisions of the bill related to evaluation of PEI programs could reasonably be absorbed within current resources.

### **Technology**

Technology costs are estimated to be \$7.0 million in the 2018-19 biennium for one-time implementation costs. This includes \$0.4 million for upgrades to IMPACT, \$6.6 million for the new web-based placement system, and \$1,600 per additional FTE for computer and laptop accessories.

### **Local Government Impact**

According to the Texas Association of Counties, the fiscal impact to counties cannot be determined.

**Source Agencies:** 530 Family and Protective Services, Department of, 503 Texas Medical Board, 529 Health and Human Services Commission, 537 State Health Services, Department of, 696 Department of Criminal Justice, 710 Texas A&M University System Administrative and General Offices, 720 The University of Texas System Administration, 781 Higher Education Coordinating Board

**LBB Staff:** UP, KCA, EP, JLi, LR, JBi, EK, JGA



**LEGISLATIVE BUDGET BOARD**  
**Austin, Texas**

**FISCAL NOTE, 85TH LEGISLATIVE REGULAR SESSION**

**March 19, 2017**

**TO:** Honorable Richard Peña Raymond, Chair, House Committee on Human Services

**FROM:** Ursula Parks, Director, Legislative Budget Board

**IN RE: HB1549** by Burkett (Relating to the provision of services by the Department of Family and Protective Services, including child protective services and prevention and early intervention services.), **As Introduced**

**Estimated Two-year Net Impact to General Revenue Related Funds** for HB1549, As Introduced: a negative impact of (\$811,006,641) through the biennium ending August 31, 2019.

The bill would make no appropriation but could provide the legal basis for an appropriation of funds to implement the provisions of the bill.

**General Revenue-Related Funds, Five-Year Impact:**

| Fiscal Year | Probable Net Positive/(Negative) Impact to General Revenue Related Funds |
|-------------|--|
| 2018        | (\$404,256,872)  |
| 2019        | (\$406,749,769)  |
| 2020        | (\$406,748,126)  |
| 2021        | (\$409,229,199)  |
| 2022        | (\$412,101,777)  |

**All Funds, Five-Year Impact:**

| Fiscal Year | Probable Savings/(Cost) from General Revenue Fund 1 | Probable Savings/(Cost) from Federal Funds 555 | Probable Savings/(Cost) from GR Match For Medicaid 758 | Change in Number of State Employees from FY 2017 |
|-------------|---|--|--|--|
| 2018        | (\$407,894,327)                                     | \$3,322,226                                    | \$3,637,455  | 26.0   |
| 2019        | (\$410,386,157)                                     | \$4,567,385                                    | \$3,636,388  | 26.0   |
| 2020        | (\$410,407,625)                                     | \$6,506,611                                    | \$3,659,499  | 10.0   |
| 2021        | (\$412,878,863)                                     | \$6,488,962                                    | \$3,649,664  | 10.0   |
| 2022        | (\$415,751,441)                                     | \$6,488,962                                    | \$3,649,664  | 10.0   |

## **Fiscal Analysis**

The bill would require a local justice of the peace to order an autopsy if the deceased was a child younger than six years of age whose death was determined to be unexpected or the result of abuse or neglect.

The bill would require the Department of Family and Protective Services (DFPS) to either designate caseworkers or create a specialized unit of DFPS employees to conduct investigations involving child fatalities.

The bill would require DFPS, in geographic areas with demonstrated need, to designate employees to be investigators and responders for after-hours reports of abuse and neglect.

The bill would require DFPS to use a web-based system to assist in making the best placement decision for a foster child, including certain criteria related to level of care, location, provider preferences, and history.

The bill would require DFPS to create a foster care provider recruitment plan.

The bill would require DFPS to implement an evidence-based program providing frequent in-home visits to families with a history of, or risk factors for, child abuse or neglect.

The bill would add additional members to the child fatality review team committee.

The bill would require the Department of State Health Services (DSHS) to develop and implement training for justices of the peace and medical examiners regarding inquests into child death cases, evaluate and use child fatality data to create public health strategies for the prevention of child fatalities, and include near fatality child abuse and neglect cases in the child fatality case database. DSHS would be required to track and analyze near fatality data and produce a report on the topic. DSHS would be required to provide child fatality review teams with electronic access to the preliminary death certificate for a deceased child.

The bill would require local county commissioners courts to adopt regulations relating to the timelines for conducting an inquest into the death of a child, and would require the county's medical examiner or justice of the peace to notify the appropriate county child fatality review team not later than the 120th day after the death is reported.

The bill would allow the executive commissioner the ability to set the payment structure for the Relative and Other Designated Caregiver (RODC) program. The new payment structure would be subject to the appropriation of funds and the maximum amount could not exceed the amounts DFPS pays to licensed foster parents.

The bill would allow DFPS to enter into new caregiver assistance agreements with those participating in Parental Child Safety Placements. DFPS would be able to enter into caregiver agreements at the same payment structure as the RODC program. The bill would direct DFPS to expedite the evaluation of the potential caregivers.

The bill would set a goal of providing prevention and early intervention (PEI) services to 50 percent of the highest risk families that are eligible to receive services, defined as 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 limit. The bill would direct DFPS to use a geographic focus to direct PEI services to families with the greatest need.

The bill would require DFPS and the Texas Higher Education Coordinating Board (THECB) to enter into agreements with institutions of higher education to conduct efficacy reviews of certain PEI services.

The bill would require DFPS to develop a program to provide ongoing support, including critical stress debriefing, to caseworkers who experience secondary trauma from being exposed to trauma during employment.

The bill would require the department to develop and implement a caseload management system for child protective services caseworkers and managers.

The bill would require the creation of a Prevention Advisory board to advise on the prevention of child abuse and neglect.

### **Methodology**

The bill is estimated to result in a net cost of \$400.9 million in All Funds in fiscal year 2018, \$402.2 million in All Funds in fiscal year 2019, \$400.2 million in All Funds in fiscal year 2020, \$402.7 million in All Funds in fiscal year 2021, and \$405.6 million in All Funds in fiscal year 2022.

The Texas Medical Board anticipates that any additional work resulting from bill provisions related to autopsies or fatality notifications could be reasonably absorbed within current resources.

DFPS assumes that 7.0 additional FTEs would be required for the creation of a specialized unit to investigate child fatalities, resulting in an All Funds cost of \$0.8 million in fiscal year 2018 for salary and benefits and \$0.7 million in each fiscal year thereafter.

To develop the web-based placement system, DFPS assumed the need for one-time information technology of \$3.1 million in All Funds, including \$1.6 million in General Revenue funds, in fiscal year 2018 and \$3.5 million in All Funds, including \$1.7 million in General Revenue funds, in fiscal year 2019. Additionally, DFPS estimates the need for 16.0 FTEs in fiscal years 2018 and 2019, resulting in an All Funds cost of \$1.8 million, including \$1.6 million in General Revenue, in fiscal year 2018 and an All Funds cost of \$1.7 million, including \$1.5 million in General Revenue, in fiscal year 2019 for salary and benefits.

DFPS served 30,051 families through Family Preservation Review and closed 3,288 reunification stages through Family Reunification in fiscal year 2015. Using an estimated cost of \$3,972 for an evidence-based model, this analysis assumes a cost of \$132.4 million in General Revenue annually to implement an evidence-based program providing frequent in-home visits to families with a history of, or risk factors for, child abuse or neglect.

DSHS assumes that existing resources could be used to develop and implement training for justices of the peace and medical examiners regarding inquests in child death cases. DSHS assumes that 2.0 FTEs would be required to support evaluation, training, and reporting on child near-fatality data at a General Revenue cost of \$0.2 million beginning in fiscal year 2018. DSHS reports that no technology costs would be required to support this provision, as the National Center for Fatality Review and Prevention Online Database currently maintains the ability to capture data on near fatalities. DFPS assumes that \$0.4 million in All Funds, including \$0.2 million in General Revenue, would be required in fiscal year 2018 for one-time technology costs to add

additional data elements related to caseworkers to IMPACT.

It is assumed all recipients of relative caregiver monetary assistance payments would be eligible to receive the current daily basic foster care rate. Based on this estimate, projected recipients of monetary assistance payments under this structure, and an assumed payment duration of eighteen months, it is assumed that 11,861 average monthly caregivers in fiscal year 2018 will receive a daily payment of \$23.10 (100 percent of the current daily basic foster care rate) increasing each year to 13,399 average monthly caregivers by fiscal year 2022. After accounting for savings from no longer making the current annual payments to these caregivers, the estimated cost under the new structure of payments to families is \$87.8 million in General Revenue in fiscal year 2018 increasing each fiscal year to \$100.0 million in General Revenue by fiscal year 2022.

It is assumed the new payment structure will increase placements of children with relatives who will receive monetary assistance, reducing paid foster care placements. It is assumed 15 percent of foster care children at the basic level of care will be diverted to the relative caregiver program, resulting in an estimated increase of 1,399 average monthly recipients of the \$23.10 daily payment in fiscal year 2018 and an estimated cost of \$11.8 million in General Revenue, increasing each fiscal year to 1,417 average monthly recipients and an estimated cost of \$11.9 million in General Revenue Funds by fiscal year 2022. The estimated savings to paid foster care for these children, assuming the projected weighted average daily rate across placement types at the basic level of care, is \$20.5 to \$20.7 million in All Funds, including \$14.0 to \$14.1 million in General Revenue and \$6.5 to \$6.6 million in Federal Funds, in each of fiscal years 2018 to 2022. The net savings to General Revenue Funds for children diverted from paid foster care to a relative placement is estimated to be \$2.2 million in each of fiscal years 2018 to 2022.

DFPS estimates a one-time cost of \$0.3 million in All Funds in fiscal year 2018 for modifications to the IMPACT system to allow payments to be processed under the new structure. This analysis assumes IMPACT upgrades are completed in a timely manner. The agency may need to employ temporary employees for manual payment processing if modifications are delayed. This analysis does not reflect any cost for those temporary employees.

It is assumed all Parental Child Safety Placements (PCSP) participants would be eligible to receive the current daily basic foster care rate. According to DFPS, this would be an estimated increase of 4,550 average monthly recipients receiving a caregiver payment. The estimated cost for this new payment structure of payments is \$38.4 million in General Revenue in each of fiscal years 2018 to 2022.

DFPS estimates a one-time cost of \$2.0 million in All Funds, including \$1.0 million in General Revenue, in fiscal year 2018 for modifications to the IMPACT system to incorporate the new stage for PCSP caregiver assistance payments.

Based on US Census data, there are an estimated 126,701 families in Texas with children under the age of five living at or below 50 percent of the federal poverty limit. The bill would set a target of 50 percent receiving PEI services. Costs would vary widely dependent on the level of services provided and dependent on whether services were able to be partially funded through federal, local, or private resources. Additionally, costs could be lower to the extent that families are already being served. This analysis assumes that half of eligible families (31,675) would complete a full program of services at an annual cost of \$3,000 per family, and half would receive partial services at an annual cost of \$1,500, for a total cost of \$142.5 million in General Revenue in each fiscal year.

THECB assumes that 1.0 FTEs will be required to conduct the PEI review, at a General Revenue

cost of \$45,875 in fiscal year 2018 and \$40,875 in each fiscal year thereafter.

It is assumed any other provisions of the bill related to DFPS can be implemented within the available resources of the department.

Based on the analysis of Texas A&M University and the University of Texas, any work resulting from provisions of the bill related to evaluation of PEI programs could reasonably be absorbed within current resources.

### **Technology**

Technology costs are estimated to be \$9.3 million in the 2018-19 biennium for one-time implementation costs. This includes \$2.7 million for upgrades to IMPACT, \$6.6 million for the new web-based placement system, and \$1,600 per additional FTE for computer and laptop accessories.

### **Local Government Impact**

According to the Texas Association of Counties, the fiscal impact to counties cannot be determined.

**Source Agencies:** 503 Texas Medical Board, 529 Health and Human Services Commission, 530 Family and Protective Services, Department of, 537 State Health Services, Department of, 696 Department of Criminal Justice, 710 Texas A&M University System Administrative and General Offices, 720 The University of Texas System Administration, 781 Higher Education Coordinating Board

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