

SUBJECT: Providing early and comprehensive assessments for children in state care

COMMITTEE: Human Services — committee substitute recommended

VOTE: 8 ayes — Raymond, Rose, Keough, Klick, Naishtat, Peña, Price, Spitzer

0 nays

1 absent — S. King

WITNESSES: For — Ashley Harris, Texans Care for Children; Sarah Crockett, Texas CASA; (*Registered, but did not testify*: Leela Rice, Austin Travis County Integral Care; Katharine Ligon, Center for Public Policy Priorities; Christine Bryan, Clarity Child Guidance Center; Eric Woomer, Federation of Texas Psychiatry; Cinde Weatherby, League of Women Voters of Texas; Gyl Switzer, Mental Health America of Texas; Greg Hansch, National Alliance on Mental Illness (NAMI) Texas; Will Francis, National Association of Social Workers-Texas Chapter; Katherine Barillas, One Voice Texas; Danette Castle, Texas Council of Community Centers; Jan Friese, Texas Counseling Association; John Kreager, Texas Criminal Justice Coalition; Jimmy Widmer, Texas Medical Association; Clayton Travis, Texas Pediatric Society; Dimple Patel, TexProtects; Casey Smith, United Ways of Texas; Rebecca Bryant, Youth Leadership Council; Melanie Babbitt; Michael Gutierrez; Hope Jameson; Alicia Vogel)

Against — None

On — (*Registered, but did not testify*: Lana Estevilla and Elizabeth “Liz” Kromrei, Department of Family and Protective Services; Tamela Griffin, Health and Human Services Commission)

BACKGROUND: Family Code, ch. 266 governs the medical and educational services provided to children in foster care. Among other provisions, it contains guidance on medical services to be provided to a child being served by the Department of Family and Protective Services, including a requirement

that the department identify a medical home for each foster child and that the child receive an initial comprehensive assessment and other services to meet the child's ongoing physical and mental health needs throughout the duration of the child's stay in foster care.

Family Code ch.263 requires that a service plan for a child placed in the care of the state be filed by the 45th day after the court appoints the department as temporary managing conservator. The plan must contain, among other items, goals and deadlines associated with the child's care and with his or her reunification with parents or placement for adoption.

**DIGEST:**

CSHB 1852 would require that a child entering the care of the Department of Family and Protective Services receive a comprehensive assessment no later than the 45th day after the child entered conservatorship. The assessment would have to include a screening for trauma and interviews with individuals who were knowledgeable about the child's needs. The department would be required to develop guidelines on what the assessment report should include.

The bill would take effect September 1, 2015.

**SUPPORTERS  
SAY:**

CSHB 1852 would improve the department's ability to meet the short- and long-term needs of a child who enters conservatorship by ensuring that caseworkers and advocates had the type of information they needed to serve the child well early in the process. It would ensure that a child was thoroughly assessed — ideally in conjunction with his or her first placement by the department — and would assist staff in identifying appropriate initial services for the child. More specifically, having a comprehensive assessment completed in time to inform the service plan would improve the quality of the plan and likely lead to a better placement decision for each child.

Children currently are assessed during various time frames when they enter the department's care, and the type of testing they receive can differ from case to case. CSHB 1852 would create uniform expectations that applied to each child and would be conducted early enough in the

conservatorship process to help the child adjust to being in care.

Children often are traumatized by experiences that have led to their entrance into state care and by separation from their parents. This trauma can lead to behavior that is sometimes confused with mental illness and can lead caregivers to conclude that a child needs psychotropic medication when the child does not. Without appropriate screening that takes the possible effects of trauma into account, a child's placement and other care, such as medications, may be mismatched with the child's actual needs.

Comprehensive testing would take into account more factors, such as psychosocial factors, and would provide a more well-rounded picture of the child. In particular, including interviews with individuals who knew the child, such as family members, would help caseworkers and others responsible for their care differentiate between conditions that might have existed over time and conditions that could be a result of recent events.

The modest costs for staff training and the acquisition of an assessment tool associated with implementing the bill would be worthwhile considering the benefits to the child and the fact that having this knowledge would enable caseworkers, foster parents, advocates and others to support the child more appropriately. While caseworkers currently are burdened by many requirements, the information collected during the assessment would make caseworkers' jobs more efficient and potentially more effective, while helping to avoid subjecting the child to unnecessary or inappropriate services.

The bill would ensure that a child received a thorough assessment early on in the child's experience with DFPS. This would include an assessment for the effects of trauma and information gathered from people who knew the child well. Ultimately, better assessments would result in better placement and care, which in turn would lead to better outcomes for the child.

OPPONENTS  
SAY:

CSHB 1852 would add to the duties and responsibilities of staff in the first 45 days that a child was in the care of the department. It also would

apply a one-size-fits-all approach by asking the department to conduct an assessment that met certain criteria for all children.

OTHER  
OPPONENTS  
SAY:

CSHB 1852 would not address how the department should use the information obtained or how and when follow-up assessments should be conducted. Conducting a comprehensive assessment in the first 45 days of a child's conservatorship could be too early to achieve good results or could be harmful if the child's trauma were too fresh.

NOTES:

According to the Legislative Budget Board's fiscal note, the implementation of CSHB 1852 would cost about \$565,000 through fiscal 2016-17. A rider in the fiscal 2016-17 general appropriations bill passed by the Senate contains \$600,000 in funding for this purpose, contingent on enactment of the Senate companion, SB 125 by West, or similar legislation relating to certain assessments for children in the conservatorship of DFPS.

SB 125 by West was approved by the Senate on April 9.

The committee substitute differs from the bill as filed in that the word "psychosocial" does not appear in the description of the assessment that CSHB 1852 would require when a child entered DFPS. The committee substitute, unlike the bill as filed, would not require the department to develop "a schedule of approved assessment tools that may be used in the performance of an assessment."