

SUBJECT: Modifying requirements for foster children and DFPS personnel

COMMITTEE: Human Services — committee substitute recommended

VOTE: 5 ayes — Raymond, Miller, Minjarez, Rose, Wu

1 nay — Klick

2 absent — Keough, Swanson

1 present not voting — Frank

WITNESSES: For — Will Francis, National Association of Social Workers - Texas Chapter; Katherine Barillas, One Voice Texas; Sarah Crockett, Texas CASA; Patricia Hogue, Texas Lawyers for Children; Harrison Hiner, Texas State Employees Union; (*Registered, but did not testify*: Diane Ewing, Texans Care for Children; Joshua Houston, Texas Impact; James Thurston, United Ways of Texas; Danielle King; Thomas Parkinson)

Against — Judy Powell, Parent Guidance Center; Jeremy Newman, Texas Home School Coalition; (*Registered, but did not testify*: Lee Spiller, Citizens Commission on Human Rights; Johana Scot, Parent Guidance Center; Nicole Hudgens, Texas Values; Monica Ayres)

On — Jim Black, Angel Eyes Over Texas; Tiffany Roper, Department of Family and Protective Services; Brandon Logan, Texas Public Policy Foundation; (*Registered, but did not testify*: Anna Ford, David Freeland, Lisa Kanne, Jean Shaw, Kaysie Taccetta, and Eric Tai, Department of Family and Protective Services; Clayton Travis, Texas Pediatric Society; Tyrone Obaseki)

DIGEST: CSHB 39 would make various changes to requirements for the Department of Family and Protective Services (DFPS) and the provision of services for children in foster care, including requiring a medical examination, case management system, and trauma-based care training.

Child assessment. The bill would require DFPS to assess whether a child had an intellectual or developmental disability as soon as possible after a child was placed in DFPS conservatorship. If the assessment indicated the child could have an intellectual disability, DFPS would have to ensure a referral for a determination of intellectual disability was made as soon as possible.

Medical examination. CSHB 39 would require DFPS to ensure that every child who had been in DFPS conservatorship for more than three business days had received an initial medical examination and a mental health screening within that period, or within the first seven business days after the child was removed if he or she was located in a rural area. DFPS would collaborate with the Health and Human Services Commission (HHSC) and medical practitioners to develop guidelines for the required medical examination.

DFPS would implement provisions regarding the required medical examination by December 31, 2018.

The department would submit a report evaluating compliance with the statewide implementation of the required medical examination to the applicable House and Senate standing committees by December 31, 2019.

Caseload management system and risk assessment. The bill would require DFPS to create and maintain a caseload management system that:

- assessed the current and potential risk of harm from abuse or neglect to each child in DFPS care;
- determined the appropriate number of cases that should be assigned to a caseworker based on the risk assessment; and
- limited the number of children with a higher risk assessment that could be assigned to a caseworker.

DFPS would have to post risk assessment guidelines on its website and disclose the results of the assessment to the court and to each party to the case before a full adversary hearing was held.

The bill would require the department to implement the caseload management system as soon as possible after the effective date.

Trauma-based care training. DFPS would have to ensure every Child Protective Services (CPS) caseworker who interacted with children daily received evidence-based trauma care training.

Emergency placement. The bill would require DFPS to develop any necessary protocols and associated best practice standards for the temporary placement of a child for a maximum of 30 days in certain foster homes, foster group homes, or cottage homes to allow the child to remain in his or her community while DFPS secured a safe and suitable long-term placement for the child.

Career development and education program. CSHB 39 would require DFPS to collaborate with foster care youth and local workforce development boards, foster care transition centers, community and technical colleges, schools, and any other appropriate workforce industry to create a career development and education program for current and former foster youth. The program would:

- assist youth with obtaining a high school diploma or GED, and industry certifications necessary for high demand occupations;
- provide career guidance; and
- inform youth about available higher education tuition and fee waivers and programs to help them transition to independent living.

Foster care provider recruitment plan. Subject to the availability of funds, the bill would require DFPS to collaborate with current foster and adoptive parents to develop and implement a plan for recruiting foster care providers.

Joint memorandum of understanding. The bill would add HHSC, DFPS, the Department of State Health Services, and the Texas Education Agency to the list of state agencies required to enter into a joint

memorandum of understanding (MOU) to promote a system of local-level interagency staffing groups to coordinate services for persons needing multiagency services.

CSHB 39 would require the Office of Mental Health Coordination at HHSC to oversee the development and implementation of the joint MOU. The memorandum would have to outline the statutory responsibilities of each agency for providing multiagency services, including subcategories for different services such as:

- physical and behavioral health care;
- prevention and early intervention services focused on child abuse, neglect, delinquency, truancy, or school dropout;
- diversion from juvenile or criminal justice involvement; and
- housing.

The state agencies would update the joint MOU by December 1, 2017.

Confidentiality. The bill would add current and former DFPS employees and contractors to the list of government personnel and other individuals who could choose to restrict public access to their personal contact information.

Effective date. The bill would take effect September 1, 2017.

SUPPORTERS
SAY:

CSHB 39 would address gaps in foster care services by requiring the Department of Family and Protective Services (DFPS) to conduct timely medical examinations, establish a program for foster youth and a caseload management system for department personnel, and provide effective trauma training to DFPS caseworkers.

Medical examination. Directing the department to conduct a medical examination of children in DFPS conservatorship within 72 hours after a child's removal would allow medical professionals to quickly identify hidden symptoms of physical abuse or more serious medical conditions, such as diabetes. National standards recommend conducting medical

examinations of children within 72 hours of being removed from their homes.

Career and development program. The career and development program would provide tangible skills to foster youth. Equipping foster youth with necessary life skills would reduce a child's risk of homelessness and effectively prepare him or her to live independently in the community.

Caseload management system. The caseload management system is needed to identify priority cases and reduce high caseloads for caseworkers.

Trauma training. Evidence-based trauma training for caseworkers would increase awareness of a child's trauma symptoms and could help prevent misdiagnoses and the prescription of psychotropic medications.

OPPONENTS
SAY:

CSHB 39 would duplicate existing trauma training and transitional living program efforts.

Medical examination. The medical examination that would be required within 72 hours after a child was removed from the home is an unrealistic time frame and could further traumatize the child. A medical examination should be postponed until after a judge in an adversary hearing determined the child's removal by the department was justified.

Career and development program. Establishing a career and development program for foster youth would duplicate efforts that are already provided by DFPS, such as the Preparation for Adult Living program.

Caseload management system. Establishing a caseload management system could lead to micromanagement of caseworkers, which could hinder the ability of caseworkers to perform their jobs effectively.

Trauma training. CSHB 39 could place an administrative burden on the

DFPS by requiring additional trauma training for its personnel. Certain trauma care training already is required by rule and in current law, such as the trauma-informed training required for caregivers and caseworkers under Family Code, sec. 264.015.

NOTES:

According to the Legislative Budget Board's fiscal note, CSHB 39 would have a negative impact of about \$2.2 million in general revenue related funds in fiscal 2018-19.