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H.B. No. 1549

A BILL TO BE ENTITLED

AN ACT

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

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

6 SECTION 1. Subchapter C, Chapter 261, Family Code, is
7 amended by adding Section 261.2031 to read as follows:

8 Sec. 261.2031. DESIGNATED CHILD FATALITY INVESTIGATION
9 CASEWORKERS. The department shall designate current tenured
10 caseworkers to conduct investigations involving child fatalities.

11 SECTION 2. Section 261.204(a), Family Code, is amended to
12 read as follows:

13 (a) Not later than February 1 of each year, the ~~[The]~~
14 department shall publish an ~~[annual]~~ aggregated report using
15 information compiled from each child fatality investigation for
16 which the department made a finding regarding abuse or neglect,
17 including cases in which the department determined the fatality was
18 not the result of abuse or neglect. The report must protect the
19 identity of individuals involved and contain the following
20 information:

21 (1) the age and sex of the child and the county in
22 which the fatality occurred;

23 (2) whether the state was the managing conservator of
24 the child or whether the child resided with the child's parent,

1 managing conservator, guardian, or other person entitled to the
2 possession of the child at the time of the fatality;

3 (3) the relationship to the child of the individual
4 alleged to have abused or neglected the child, if any;

5 (4) the number of any department abuse or neglect
6 investigations involving the child or the individual alleged to
7 have abused or neglected the child during the two years preceding
8 the date of the fatality and the results of the investigations;

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

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

13 (7) any trends identified in the investigations
14 contained in the report.

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

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

21 SECTION 4. Section 264.107, Family Code, is amended by
22 adding Subsection (b-2) to read as follows:

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

26 (1) integrate a level of care for the child;

27 (2) suggest placements based on the child's needs;

1 (3) display the proximity of potential providers to
2 the child's home and school;

3 (4) incorporate foster care provider preferences;

4 (5) provide access to the foster care provider's
5 history in providing safe and stable placements for children; and

6 (6) include any other provider information the
7 department determines to be relevant.

8 SECTION 5. Subchapter B, Chapter 264, Family Code, is
9 amended by adding Section 264.1131 to read as follows:

10 Sec. 264.1131. FOSTER CARE PROVIDER RECRUITMENT PLAN. In
11 addition to foster parent recruitment from faith-based
12 organizations under Section 264.113, the department shall, subject
13 to the availability of funds, collaborate with current foster and
14 adoptive parents to develop and implement a foster care provider
15 recruitment plan. The plan must:

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

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

23 (3) identify the number of available foster care
24 providers for children with high needs in order to expand the use of
25 therapeutic or treatment foster care for children in those
26 placements;

27 (4) require the provision of:

1 (A) quality customer service to prospective and
2 current foster and adoptive parents; and

3 (B) assistance to prospective foster parents
4 with the certification and placement process;

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

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

10 (7) include programs to support foster and adoptive
11 families, including programs that provide training, respite care,
12 and peer assistance.

13 SECTION 6. Subchapter C, Chapter 264, Family Code, is
14 amended by adding Section 264.2012 to read as follows:

15 Sec. 264.2012. FAMILY PRESERVATION SERVICES. Subject to
16 the appropriation of funds for that purpose, the department shall
17 implement an evidence-based pilot program that provides frequent
18 in-home visits to not more than 2,000 families who have a history of
19 child abuse or neglect and who are receiving family-based safety
20 services from the department. The program must contain guidelines
21 for the frequency of monthly contact by the department with the
22 family, based on the risk factors for child abuse and neglect in
23 each case.

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

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

27 (1) a person appointed by and representing the state

1 registrar of vital statistics;

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

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

6 (4) a person appointed by and representing the speaker
7 of the house of representatives;

8 (5) a person appointed by and representing the
9 lieutenant governor;

10 (6) a person appointed by and representing the
11 governor; and

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

13 (b) The members of the committee who serve under Subsections
14 (a)(1) through (6) ~~(3)~~ shall select the following additional
15 committee members:

16 (1) a criminal prosecutor involved in prosecuting
17 crimes against children;

18 (2) a sheriff;

19 (3) a justice of the peace;

20 (4) a medical examiner;

21 (5) a police chief;

22 (6) a pediatrician experienced in diagnosing and
23 treating child abuse and neglect;

24 (7) a child educator;

25 (8) a child mental health provider;

26 (9) a public health professional;

27 (10) a child protective services specialist;

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

14 SECTION 8. Section [264.503](#), Family Code, is amended by
15 amending Subsections (d) and (e) and adding Subsection (h) to read
16 as follows:

- 17 (d) The Department of State Health Services shall:
- 18 (1) recognize the creation and participation of review
19 teams;
- 20 (2) promote and coordinate training to assist the
21 review teams in carrying out their duties;
- 22 (3) assist the committee in developing model protocols
23 for:
- 24 (A) the reporting and investigating of child
25 fatalities for law enforcement agencies, child protective
26 services, justices of the peace and medical examiners, and other
27 professionals involved in the investigations of child deaths;

1 (B) the collection of data regarding child
2 deaths; and

3 (C) the operation of the review teams;

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

6 (5) develop and make available training for justices
7 of the peace and medical examiners regarding inquests in child
8 death cases; and

9 (6) promote education of the public regarding the
10 incidence and causes of child deaths, the public role in preventing
11 child deaths, and specific steps the public can undertake to
12 prevent child deaths.

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

15 (1) collect data under this subchapter and coordinate
16 the collection of data under this subchapter with other data
17 collection activities; ~~and~~

18 (2) perform annual statistical studies of the
19 incidence and causes of child fatalities using the data collected
20 under this subchapter; and

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

24 (h) Each member of the committee must be a member of the
25 child fatality review team in the county where the committee member
26 resides.

27 SECTION 9. Subchapter F, Chapter 264, Family Code, is

1 amended by adding Sections 264.5031 and 264.5032 to read as
2 follows:

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

8 (b) The Department of State Health Services shall include
9 near fatality child abuse or neglect cases in the child fatality
10 case database, for cases in which child abuse or neglect is
11 determined to have been the cause of the near fatality. The
12 Department of State Health Services must also develop a data
13 collection strategy for near fatality child abuse or neglect cases.

14 Sec. 264.5032. TRACKING OF CHILD FATALITY AND NEAR FATALITY
15 DATA. (a) The department shall produce a report relating to child
16 fatality and near fatality cases resulting from child abuse or
17 neglect containing the following information:

18 (1) any prior contact the department had with the
19 child's family and the manner in which the case was disposed,
20 including cases in which the department made the following
21 dispositions:

22 (A) priority none or administrative closure;

23 (B) call screened out;

24 (C) alternative or differential response
25 provided;

26 (D) unable to complete the investigation;

27 (E) unable to determine whether abuse or neglect

1 occurred;

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

3 or

4 (G) child removed and placed into substitute
5 care;

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

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

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

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

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

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

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

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

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

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

26 (b) The department shall make the data collected under
27 Subsection (a) available to allow research into the determining

1 factors related to child abuse fatalities, with the purpose of:

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

4 (2) predicting future occurrences of child fatalities
5 and near fatalities to improve prevention and early intervention
6 strategies.

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

9 (a) A multidisciplinary and multiagency child fatality
10 review team may be established for a county to review child deaths
11 in that county. A [~~review team for a~~] county [~~with a population of~~
12 ~~less than 50,000~~] may join with an adjacent county or counties to
13 establish a combined review team.

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

16 (1) a criminal prosecutor involved in prosecuting
17 crimes against children;

18 (2) a sheriff;

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

20 (4) a police chief;

21 (5) a pediatrician experienced in diagnosing and
22 treating child abuse and neglect;

23 (6) a child educator;

24 (7) a child mental health provider;

25 (8) a public health professional;

26 (9) a child protective services specialist;

27 (10) a sudden infant death syndrome family service

1 provider;

2 (11) a neonatologist;

3 (12) a child advocate;

4 (13) a chief juvenile probation officer; and

5 (14) a child abuse prevention specialist.

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

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

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

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

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

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

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

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

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

1 SECTION 13. (a) Section 264.514, Family Code, is amended by
2 adding Subsection (a-1) and amending Subsection (b) to read as
3 follows:

4 (a-1) The commissioners court of a county shall adopt
5 regulations relating to the timeliness for conducting an inquest
6 into the death of a child. The regulations adopted under this
7 subsection must be as stringent as the standards issued by the
8 National Association of Medical Examiners unless the commissioners
9 court determines that it would be cost prohibitive for the county to
10 comply with those standards.

11 (b) The medical examiner or justice of the peace shall
12 immediately notify an appropriate local law enforcement agency if
13 the medical examiner or justice of the peace determines that the
14 death is unexpected or the result of abuse or neglect, and that
15 agency shall investigate the child's death. The medical examiner or
16 justice of the peace shall notify the appropriate county child
17 fatality review team of the child's death not later than the 120th
18 day after the date the death is reported.

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

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

25 (a-1) The department shall expedite the evaluation of a
26 potential caregiver under this section to ensure that the child is
27 placed with a caregiver who has the ability to protect the child

1 from the alleged perpetrator of abuse or neglect against the child.

2 SECTION 15. Section 265.005(b), Family Code, is amended to
3 read as follows:

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

5 (1) identify methods to leverage other sources of
6 funding or provide support for existing community-based prevention
7 efforts;

8 (2) include a needs assessment that identifies
9 programs to best target the needs of the highest risk populations
10 and geographic areas;

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

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

15 (5) identify additional methods of measuring program
16 effectiveness and results or outcomes;

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

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

22 (8) identify strategies with the goal of increasing
23 the number of families receiving prevention and early intervention
24 services each year, subject to the availability of funds, with the
25 eventual goal of providing services to 50 percent of the highest
26 risk families, as defined by the department, that are eligible to
27 receive services through home visiting and community-based

1 programs financed with federal, state, local, or private resources.

2 SECTION 16. Subchapter A, Chapter 265, Family Code, is
3 amended by adding Sections 265.007, 265.008, and 265.009 to read as
4 follows:

5 Sec. 265.007. IMPROVING PROVISION OF PREVENTION AND EARLY
6 INTERVENTION SERVICES. (a) To improve the effectiveness and
7 delivery of prevention and early intervention services, the
8 department shall:

9 (1) use a geographic focus to ensure that prevention
10 and early intervention services are provided to families with the
11 greatest need;

12 (2) identify the geographic areas that have the
13 highest need for prevention and early intervention services;

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

19 (4) develop strategies for community partners to:

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

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

24 (C) prevent child fatalities.

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

27 Sec. 265.008. EVALUATION OF PREVENTION AND EARLY

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

9 (b) A prevention and early intervention services program is
10 considered to have been previously evaluated if it has been
11 evaluated by at least one rigorous randomized controlled research
12 trial across heterogeneous populations or communities, the results
13 of at least one of which has been published in a peer-reviewed
14 journal.

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

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

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

22 Sec. 265.009. EXPANSION OF HOME VISITING SERVICES. Subject
23 to an appropriation for that purpose, and not later than August 31,
24 2019, the department shall expand the capacity of home visiting
25 services provided by the prevention and early intervention services
26 division of the department by 20 percent in the six counties of the
27 state that:

1 (1) are identified under Section 265.007(a)(2) as
2 having the highest need for services; and

3 (2) have the largest disparity between the percentage
4 of families receiving home visiting services in the county and the
5 goal developed under Section 265.005(b)(8).

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

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

11 (b) The department shall develop and make available a
12 program to provide ongoing support to caseworkers who experience
13 secondary trauma resulting from exposure to trauma in the course of
14 the caseworker's employment. The program must include critical
15 incident stress debriefing. The department may not require that a
16 caseworker participate in the program.

17 SECTION 18. Subchapter C, Chapter 40, Human Resources Code,
18 is amended by adding Section 40.0516 to read as follows:

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

22 (1) the following information for reports of abuse and
23 neglect in residential child-care facilities, as defined by Section
24 42.002:

25 (A) the number of reports of abuse and neglect
26 made to the department hotline;

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

1 (C) the investigation priority level assigned to
2 each report;

3 (D) the investigation response times, sorted by
4 investigation priority;

5 (E) the disposition of each investigation;

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

9 (G) the overall safety and risk finding for each
10 investigation;

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

14 (3) the number of children removed from the child's
15 home as the result of an investigation of a report of abuse or
16 neglect and the primary circumstances that contributed to the
17 removal;

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

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

22 (6) the number of children in the conservatorship of
23 the department at each service level;

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

26 (8) the number of children in the managing
27 conservatorship of the department who are the parent of a child who

1 is also in the managing conservatorship of the department;

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

6 (A) cases that were administratively closed
7 without further action;

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

10 (C) cases in which the department provided family
11 preservation services;

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

15 (11) workforce turnover data for child protective
16 services employees, including the average tenure of caseworkers and
17 supervisors and the average salary of caseworkers and supervisors.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

26 (b) The board is established in the department to promote
27 public awareness and make recommendations to the Health and Human

1 Services Commission, the Department of State Health Services, the
2 department, the governor, and the legislature for changes to law,
3 policy, and practices regarding:

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

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

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

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

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

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

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

19 (4) one staff member from the office of the chair of
20 the Senate Health and Human Services Committee;

21 (5) one staff member from the office of the chair of
22 the House Public Health Committee; and

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

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

27 (e) In appointing members to the board, the commissioner

1 shall attempt to select individuals whose qualifications are not
2 already represented by existing members of the board. Board
3 members may include:

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

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

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

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

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

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

- 27 (1) use a public health approach by applying

1 population-based, universal, and targeted strategies for
2 prevention;

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

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

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

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

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