

SUBJECT: Creating family support services and Thriving Texas Families at HHSC

COMMITTEE: Human Services — committee substitute recommended

VOTE: 8 ayes — Frank, Rose, Campos, Hull, Klick, Manuel, Noble, Shaheen
1 nay — Ramos

SENATE VOTE: On final passage (March 27) — 23 - 7

WITNESSES: For — Diego Silva, Buckner International; Meagan Corser, Family Freedom Project; Kyleen Wright, Texans for Life Committee; Joe Pojman Ph.D., Texas Alliance for Life; John Litzler, Texas Baptists Christian Life Commission; Andrew Brown, Texas Public Policy Foundation; Mary Elizabeth Castle, Texas Values; Megan Benton, Texas Values Action; Jennifer Allmon, The Texas Catholic Conference of Bishops (*Registered, but did not testify*: Judy Powell, Parent Guidance Center; Jessica Colon, Susan B. Anthony Pro-Life America; Julia Hatcher, Texas Association of Family Defense Attorney; Maureen Ball; Lauren Dewitt; Ashley Pardo)

Against — Yaneth Flores, Avow Texas; Persephone Starks, Parents as Teachers (*Registered, but did not testify*: Blair Wallace, ACLU of Texas; Blake Rocap, Avow Texas; Alexis Bay, Frontera Fund; Heather Allison, Fund Texas Choice; Jaymie Cobb, Jane's Due Process; Brenda Sanchez, JDP; Kayla Armendariz, Desiree Cabrera, Nancy Cardenas, Lucila Felix, Sandra Lopez, Cupertino Munoz de Gudino, Rosa Saucedo, Latina Institute Texas; Erika Galindo, Lilith Fund; Andrea Alvarado, Lilith Fund/ Frontera Fund/ TEA Fund; Amber Mills, MOVE Texas Action Fund; Lauren O'Rourke, Parents as Teachers; Darcy Caballero, Ashley Cruz, Planned Parenthood Texas Votes; Madison Crisp, Kamyon Conner, Texas Equal Access Fund; Carisa Lopez, Texas Freedom Network; Kimberly Claude, Texas Parents As Teachers; Cynthia Van Maanen, Travis County Democratic Party; and 40 individuals)

On — Kate Murphy, Texans Care for Children; Christopher Greeley, Texas Children's Hospital; Rebecca Parma, Texas Right to Life; Brittney

Taylor-Ross, TexProtects; Madeline McClure (*Registered, but did not testify*; Stephanie Muth, Sasha Rasco, DFPS; Rob Ries, Health & Human Services Commission; Melanie Rubin, North Texas Early Education Alliance; Rebecca Galinsky, Protect TX Fragile Kids; John Seago, Texas Right to Life; Brittany McAllister, The National Service Office for Nurse-Family Partnership and Child First)

BACKGROUND: Some have suggested that current programs offered during pregnancy and childhood across a variety of state agencies could be better coordinated to better ensure access to such services.

DIGEST: CSSB 24 would transfer certain programs from the Department of Family and Protective Services (DFPS) to the Health and Human Services Commission (HHSC) and require HHSC to administer family support services. The bill also would establish the Thriving Texas Families Program as a continuation of Alternatives to Abortion.

Family support services. CSSB 24 would remove provisions and statutory references to prevention and early intervention services administered by DFPS and instead establish family support services to be administered by HHSC.

Under the bill, HHSC would be required to administer grants and contracts to provide family support services to children and at-risk families. “At-risk family” would be defined as a family with at least one child or a pregnant woman and that met at least one of the following criteria:

- a child in the family was the subject of a child abuse, neglect, or exploitation investigation by DFPS;
- the family or a pregnant woman in the family was experiencing conditions that increased the likelihood of involvement with the child welfare system, criminal justice system, or juvenile justice; or
- the family or a pregnant woman in the family was experiencing other conditions that threatened the self-sufficiency or stability of the family or the birth or health of a baby.

HHSC would be required to plan, develop, and administer an integrated continuum of care system of programs providing family support services to at-risk families and administer the referral, coordination, and collaboration of family support services with similar existing programs operated by HHSC.

HHSC also would be required to develop and implement a five-year strategic plan for family support services, which would have to meet certain requirements specified in the bill. Certain provisions that currently apply to prevention and early intervention services would apply to family support services, including required program outcomes and evaluation of services. The bill would repeal requirements related to evidence-based programs under prevention and early intervention services.

Transferring programs. HHSC, rather than DFPS, would be required to operate child abuse and neglect prevention programs. In addition to other services, money in the child abuse and neglect prevention trust fund account would be dedicated to family support services programs.

Services for at-risk youth, community youth development grants, the Nurse-Family Partnership competitive grant program, a veterans and military families preventive services program, and the Texas Home Visiting program also would be transferred from DFPS to HHSC. HHSC, rather than DFPS, would be required to submit legislative reports related to state-funded prevention and early intervention programs and practices.

Thriving Texas Families Program. HHSC would be required to establish the Thriving Texas Families Program as a continuation of the Alternatives to Abortion program to facilitate the operation of a statewide support network that provided community outreach, consultation, and care coordination for women with an unexpected pregnancy. HHSC would have to contract with network contractors to establish a statewide network of service providers, including pregnancy support centers, adoption assistance providers, and maternity homes.

Services provided through the program would include:

- counseling and mentoring on pregnancy, education, parenting skills, adoption services, life skills, and employment readiness topics;
- care coordination for prenatal, perinatal, and postnatal services, including connecting participants to health services;
- educational materials and information about pregnancy, parenting, and adoption services;
- referrals to governmental and social service programs;
- classes on life skills, personal finance, parenthood, stress management, job training, job readiness, job management, and educational attainment;
- provision of supplies for infant care and pregnancy; and
- housing services.

Individuals eligible for program services established in the bill would include pregnant women, certain biological or adoptive parents, parents or legal guardians of young children or pregnant minors, parents who recently experienced a miscarriage, and former participants who experienced the loss of a child.

HHSC could contract only with service providers whose performance outcomes included:

- improving healthy pregnancy and childbirth outcomes;
- improving child health and development;
- assisting families in achieving economic self-sufficiency and stability;
- increasing workforce participation; or
- promoting marriage and family formation for participating parents.

HHSC would have to identify indicators to measure performance outcomes and require network contractors and participating service providers to periodically report on outcomes. HHSC also would be required to periodically conduct impact evaluations to measure the effects of services on participants and to report on measured performance

outcomes.

HHSC would be required to compile reports provided by network contractors and service providers and audit a sampling of the reports to ensure validity. HHSC also would have to annually issue a report including certain information related to contractors, providers, and participants.

To the greatest extent possible, HHSC would be required to seek private funding to supplement and match funding provided through the program. HHSC or a service provider could not use program funding to perform, induce, assist, or refer an abortion or grant funds to an abortion provider or abortion provider affiliate. A maximum of 3 percent of allocated funding could be used to administer the program and procure services for impact evaluations.

Other provisions. DFPS would be required to provide HHSC with access to the child abuse and neglect central registry as necessary for HHSC to perform its duties.

On September 1, 2024, all powers, duties, functions, programs, employees, and resources necessary to comply with the bill would be transferred from DFPS to HHSC. By September 1, 2025, HHSC would be required to implement its initial five-year strategic plan for family support services.

The bill would take effect September 1, 2023.

NOTES:

According to the Legislative Budget Board, CSSB 24 would have a negative impact of about \$22.9 million on general revenue related funds for fiscal 2024-25.