86R21458 MM-F

By:  Miller, Raymond, Parker, Davis of Harris, H.B. No. 1536

     Zerwas, et al.

Substitute the following for H.B. No. 1536:

By:  Meza C.S.H.B. No. 1536

A BILL TO BE ENTITLED

AN ACT

relating to trauma-informed care for children in the conservatorship of the Department of Family and Protective Services, trauma-informed care training for certain department employees, and the establishment of the Trauma-Informed Care Task Force.

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

SECTION 1.  Section 264.015, Family Code, is amended by amending Subsection (a) and adding Subsections (a-1) and (a-2) to read as follows:

(a)  The department shall require [~~include training in trauma-informed programs and services in any training the department provides to~~] foster parents, adoptive parents, and kinship caregivers to receive training in trauma-informed care[~~, department caseworkers, and department supervisors~~]. The trauma-informed training required by this subsection:

(1)  must use a research-supported or evidence-based model;

(2)  must meet the requirements of the training required under Sections 40.105 and 40.108, Human Resources Code; and

(3)  may include faith-based programs that meet the criteria described by Subdivisions (1) and (2).

(a-1)  The department shall pay for the training provided under Subsection (a) [~~this subsection~~] with gifts, donations, and grants and any federal money available through the Fostering Connections to Success and Increasing Adoptions Act of 2008 (Pub. L. No. 110-351). The department shall annually evaluate the effectiveness of the training provided under Subsection (a) [~~this subsection~~] to ensure progress toward a trauma-informed system of care.

(a-2)  The department may exempt from the training required by Subsection (a) any individual who submits proof to the department that the individual has received training that meets the requirements of Sections 40.105 and 40.108, Human Resources Code.

SECTION 2.  Chapter 40, Human Resources Code, is amended by adding Subchapter D to read as follows:

SUBCHAPTER D. TRAUMA-INFORMED CARE

Sec. 40.101.  DEFINITION OF TRAUMA AND TRAUMA-INFORMED CARE. (a) Except as provided by Subsection (b), in this subchapter:

(1)  "Trauma" means the range of maltreatment, interpersonal violence, abuse, assault, and neglect experiences encountered by children, adolescents, and adults, including:

(A)  physical, sexual, and emotional abuse;

(B)  interpersonal or relational trauma from abuse, neglect, and maltreatment;

(C)  community, peer, and school-based assault, molestation, and severe bullying;

(D)  severe physical, medical, and emotional neglect;

(E)  witnessing domestic violence; and

(F)  the impact of abrupt separation, serious and pervasive disruptions in caregiving, and traumatic loss.

(2)  "Trauma-informed care," "trauma-informed program," or "trauma-informed service" means care or a program or service that is person-centered, avoids re-traumatization, and takes into account:

(A)  the impact that traumatic experiences have on an individual's brain development and cognitive, emotional, physical, and behavioral functioning;

(B)  the symptoms of trauma;

(C)  an individual's personal trauma history;

(D)  an individual's trauma triggers; and

(E)  methods for addressing the traumatized individual's needs by helping the individual feel safe, build relationships, learn to regulate emotions, and build resiliency.

(b)  The definitions of "trauma" and "trauma-informed care" under Subsection (a) do not apply if the commissioner adopts rules defining those terms.

(c)  Not later than December 1, 2019, the commissioner of the department shall adopt rules defining "trauma" and "trauma-informed care" for purposes of this subchapter using a negotiated rulemaking process under Chapter 2008, Government Code. In adopting rules under this subsection, the commissioner shall consider the definitions under Subsection (a). This subsection expires September 1, 2021.

Sec. 40.102.  TRAUMA-INFORMED SYSTEM OF CARE. (a) The department shall ensure that the child protective services division of the department transitions to a trauma-informed system of care that ensures that participants in the system:

(1)  recognize the widespread impact of trauma and understand the potential paths for recovery;

(2)  recognize the signs and symptoms of trauma in clients, families, staff, and others involved with the system;

(3)  respond by fully integrating knowledge about trauma and trauma-informed care into policies, procedures, practices, and training, including the training required under Sections 40.105 through 40.108; and

(4)  seek to actively resist re-traumatization.

(b)  This section may not be construed to:

(1)  create a legal presumption against a parent in:

(A)  an investigation conducted by the department under Chapter 261, Family Code; or

(B)  a suit affecting the parent-child relationship under Chapter 262, Family Code; or

(2)  relieve the department from any burden of proof required in a suit affecting the parent-child relationship under Chapter 262, Family Code.

Sec. 40.103.  REGIONAL COORDINATORS. (a) The department shall appoint at least two trauma-informed care coordinators in each department region who have substantial expertise and experience in at least one trauma-informed care model.

(b)  In appointing trauma-informed care coordinators, the department shall ensure, if possible, that each coordinator appointed in a region represents a different trauma-informed care model.

(c)  A trauma-informed care coordinator shall:

(1)  organize and offer trauma-informed care training; and

(2)  offer coaching and support regarding trauma-informed care within the coordinator's region.

Sec. 40.104.  TRAUMA-INFORMED CARE TASK FORCE. (a) In this section, "task force" means the Trauma-Informed Care Task Force created under this section.

(b)  The department shall establish the Trauma-Informed Care Task Force. The commissioner shall designate a member of the task force as the presiding officer of the task force. The task force is composed of:

(1)  nine members of the public appointed by the commissioner who work in the field of trauma-informed care;

(2)  one member of the house of representatives appointed by the speaker of the house of representatives; and

(3)  one member of the senate appointed by the lieutenant governor.

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

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

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

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

(g)  The task force shall meet at least quarterly at the call of the presiding officer. The task force may meet at other times as determined by the presiding officer.

(h)  The task force shall assist the department in implementing the transition to a trauma-informed system of care for children in the department's conservatorship as described by Section 40.102, by:

(1)  leveraging outside resources and coordinating state resources toward implementing trauma-informed care for children who are:

(A)  in the department's conservatorship; or

(B)  receiving family-based safety services;

(2)  ensuring that all department employees who interact with or make decisions on behalf of children in the department's conservatorship receive appropriate trauma-informed care training; and

(3)  adopting trauma-informed practices and policies to reduce:

(A)  the number of placement changes for children in the department's conservatorship;

(B)  foster parent turnover;

(C)  the number of children in the department's conservatorship who are unable to be placed with adoptive parents;

(D)  caseworker attrition;

(E)  the number of children in the department's conservatorship who run away from the child's placement;

(F)  the amount of psychotropic medications prescribed to children in the department's conservatorship;

(G)  the number of children in the department's conservatorship whose level of care increases;

(H)  the number of children in the department's conservatorship who are placed in psychiatric facilities or residential treatment centers;

(I)  the number of young adults who have difficulty functioning independently after transitioning out of the department's conservatorship; and

(J)  the amount of money that the state spends on services for adults who:

(i)  did not receive trauma-informed care when they were in the department's conservatorship; and

(ii)  are unable to function independently as adults or are incarcerated or homeless.

(i)  Chapter 2110, Government Code, does not apply to the task force.

(j)  Not later than December 1 of each even-numbered year, the task force shall report to the legislature regarding the department's progress toward transitioning to a trauma-informed system of care and make recommendations for any legislative action.

(k)  The task force is abolished and this section expires September 1, 2023.

Sec. 40.105.  TRAUMA-INFORMED CARE TRAINING: DEPARTMENT EMPLOYEES. The department shall ensure that each department employee who interacts with or makes decisions on behalf of a child in the department's conservatorship receives trauma-informed care training that provides the employee with a foundational level of understanding of:

(1)  symptoms of trauma and adverse childhood experiences;

(2)  the impact that trauma has on a child, including how trauma may affect a child's brain development and cognitive, emotional, physical, and behavioral functioning;

(3)  attachment and how a lack of attachment may affect a child;

(4)  the role that trauma-informed care and services, including strategies and interventions that build connection, provide physical and psychological safety, and help the child learn to regulate emotions, can have in helping a child build resiliency and overcome the effects of trauma and adverse childhood experiences;

(5)  the importance of screening children for trauma and the risk of mislabeling and inappropriate treatment of children without proper screening;

(6)  the potential for re-traumatization of children in the department's conservatorship;

(7)  the importance of working with other systems to help a child receive trauma-informed care;

(8)  the impact an adult's traumatic experiences can have on the adult's interactions with a child and ways to avoid secondary trauma; and

(9)  the concepts, strategies, and skills most appropriate for each person's role in a child's life.

Sec. 40.106.  TRAUMA-INFORMED CARE TRAINING: ADMINISTRATIVE EMPLOYEES. (a) In addition to the training required by Section 40.105, the department shall ensure that each department employee who makes decisions on behalf of the department regarding the department's organization, policy goals, and funding receives training that teaches the employee to:

(1)  support staff who provide trauma-informed care to children and families;

(2)  create organizational change to reduce traumatizing practices and policies;

(3)  identify and address practices or policies that have a disproportionate or disparate impact on children who have experienced trauma within diverse populations; and

(4)  minimize secondary trauma for staff.

(b)  The total amount of training under Section 40.105 and this section must be at least eight hours.

Sec. 40.107.  TRAUMA-INFORMED CARE TRAINING: REGIONAL DIRECTORS AND SUPERVISORS. (a) In addition to the training required by Section 40.105, the department shall ensure that each department employee who serves as a regional director or mid-level supervisor receives training that gives the employee the ability to apply and teach to others how to:

(1)  understand trauma-induced behaviors that a child who has experienced trauma may exhibit;

(2)  recognize trauma triggers;

(3)  identify practices and policies that may re-traumatize children;

(4)  understand appropriate treatments and non-pharmacological interventions for children who have experienced trauma;

(5)  work with other staff, organizations, and individuals to create a trauma-informed system of care;

(6)  learn and practice strategies that promote a child's healing, including building connections, providing physical and psychological safety, and helping the child learn to regulate emotions;

(7)  advocate, as appropriate, on behalf of a child to ensure that the child has access to trauma-informed care;

(8)  effectively model trauma-informed strategies with clients, as appropriate; and

(9)  recognize the effects of secondary trauma and the need for self-care.

(b)  The total amount of training under Section 40.105 and this section must be at least eight hours.

(c)  The department shall provide to employees described by Subsection (a) access to ongoing coaching regarding implementing and using trauma-informed care principles to respond to the needs of a child in the department's conservatorship.

Sec. 40.108.  TRAUMA-INFORMED CARE TRAINING: CASEWORKERS AND INVESTIGATORS. (a) In addition to the training required by Section 40.105, the department shall ensure that each department employee who serves as a caseworker or investigator receives training that uses a research-supported or evidence-based interactive and problem-solving model to give employees the ability to:

(1)  understand trauma-induced behaviors that a child who has experienced trauma may exhibit;

(2)  recognize trauma triggers;

(3)  identify practices that may re-traumatize children;

(4)  understand appropriate treatments and non-pharmacological interventions for children who have experienced trauma;

(5)  learn and practice strategies and interventions that promote a child's healing, including building connections, providing physical and psychological safety, and helping the child learn to regulate emotions;

(6)  through case study, scripted practice, role-play activities, analysis, or facilitated discussion about experiences, gain mastery of strategies and interventions that guide daily interactions with a child who has experienced trauma;

(7)  collaborate with other professionals or caregivers to identify solutions to issues that arise because of a child's trauma; and

(8)  recognize effects of secondary trauma and the need for self-care.

(b)  The total amount of training under Section 40.105 and this section must be at least 24 hours.

(c)  The department shall provide to employees described by Subsection (a) access to ongoing coaching regarding implementing and using trauma-informed care principles to respond to the needs of a child in the department's conservatorship.

Sec. 40.109.  SPECIFIC MODEL NOT REQUIRED. The training requirements of this subchapter do not require the use of any specific training model or program.

SECTION 3.  Section 264.015(b), Family Code, is repealed.

SECTION 4.  The Department of Family and Protective Services shall provide the training required by Subchapter D, Chapter 40, Human Resources Code, as added by this Act, to the employees in two or three department regions each fiscal year. The department shall complete the training in all of the department's regions not later than September 1, 2023.

SECTION 5.  This Act takes effect September 1, 2019.