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By:  Miller 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 include at least eight hours of training in trauma-informed programs and services in any training the department provides to foster parents, adoptive parents, and kinship caregivers[~~, department caseworkers, and department supervisors~~]. The trauma-informed training required by this subsection must use a research-supported model and meet the requirements of the training required under Sections 40.105 and 40.108, Human Resources Code.

(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 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.  DEFINITIONS. 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, maltreatment, and experiences that impact an individual's brain, biology, behavior, beliefs, or body;

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

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

(E)  witnessing domestic violence;

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

(G)  experiences that are a consequence of historical, cultural, systemic, institutional, and multigenerational abuse.

(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 the brain, biology, body, beliefs, and behavior;

(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, and learn to regulate emotions.

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:

(1)  considers the impact of trauma, including the emotional, behavioral, and physical effect on individuals and the organizations, staff, and volunteers that work with those individuals;

(2)  examines an individual's behavior in the context of coping strategies that are designed to survive adversity, including a response to primary and secondary trauma;

(3)  understands that the need for a trauma-informed response is not limited to mental and behavioral health specialty services but is integral to all organizations and systems involved;

(4)  understands that a pharmacological response or reducing the risk of repeat trauma alone cannot meet the needs of vulnerable individuals, and building relationships, community, and the feeling of safety are necessary for neuro-development and healing from trauma;

(5)  recognizes the signs of trauma and consistently incorporates trauma screening and assessment into all aspects of work, including interactions with individuals, staff, volunteers, and organizations supporting those individuals;

(6)  applies the principles of a trauma-informed approach to all areas of functioning, including:

(A)  staff and volunteer training on trauma and trauma-informed practices;

(B)  leadership that realizes the role of trauma in staff members and the individuals served; and

(C)  policies and practices that ensure the following are addressed:

(i)  a focus on the relational needs of individuals, with special attention toward building and strengthening secure attachments based on trust; and

(ii)  the creation of an environment of physical, social, and psychological safety that meets the individual's physiological needs that includes:

(a)  good nutrition, adequate sleep, attention to sensory needs, and regular physical activity; and

(b)  providing structured experiences and opportunities for empowerment and self-efficacy, enhancing emotional and behavioral self-regulation, mindful awareness, and the ability to use proactive strategies for behavioral change;

(7)  avoids re-traumatization by recognizing how department practices such as placement disruptions, seclusion, restraints, and abrupt transitions can cause additional harm and interfere with healing;

(8)  continually evaluates and improves methods, practices, and approaches; and

(9)  builds resiliency in individuals and fosters the ability to understand and effectively model, practice, and implement characteristics of a secure person, including the ability to express the individual's own needs, give nurturing care, and ask for care.

(b)  For purposes of providing any service to a child, the department shall presume that each child in the department's conservatorship has experienced trauma, may continue to experience trauma, and needs systems, practices, and policies that use trauma-informed care.

(c)  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 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 governor shall establish the Trauma-Informed Care Task Force in the department. The task force is composed of five members of the public appointed by the governor who work in the field of trauma-informed care. The governor shall designate a member of the task force as the presiding officer of the task force to serve in that capacity at the pleasure of the 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:

(1)  implementing the transition to a trauma-informed system of care for children in the department's conservatorship;

(2)  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;

(3)  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

(4)  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)  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)  trauma and adverse childhood experiences;

(2)  the impact that trauma has on a child, including how trauma may affect a child's behavior;

(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, physical and psychological safety, and regulation of 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 the difference between wilful disobedience and trauma-induced behavior for a child who has experienced trauma;

(2)  recognize trauma triggers;

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

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

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

(6)  learn and practice strategies that promote a child's healing;

(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, interactive and problem-solving model to give employees the ability to:

(1)  understand the difference between wilful disobedience and trauma-induced behavior for a child who has experienced trauma;

(2)  recognize trauma triggers;

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

(4)  learn and practice strategies and interventions that promote a child's healing;

(5)  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;

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

(7)  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.