

By: Miller, Raymond, Parker, Davis of Harris,
Zerwas, et al.

H.B. No. 1536

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

By: Meza

C.S.H.B. No. 1536

A BILL TO BE ENTITLED

AN ACT

1
2 relating to trauma-informed care for children in the
3 conservatorship of the Department of Family and Protective
4 Services, trauma-informed care training for certain department
5 employees, and the establishment of the Trauma-Informed Care Task
6 Force.

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

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

11 (a) The department shall require [~~include training in~~
12 ~~trauma-informed programs and services in any training the~~
13 ~~department provides to~~] foster parents, adoptive parents, and
14 kinship caregivers to receive training in trauma-informed care[~~7~~
15 ~~department caseworkers, and department supervisors~~]. The
16 trauma-informed training required by this subsection:

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

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

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

24 (a-1) The department shall pay for the training provided

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

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

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

14 SUBCHAPTER D. TRAUMA-INFORMED CARE

15 Sec. 40.101. DEFINITION OF TRAUMA AND TRAUMA-INFORMED CARE.

16 (a) Except as provided by Subsection (b), in this subchapter:

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

20 (A) physical, sexual, and emotional abuse;

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

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

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

27 (E) witnessing domestic violence; and

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

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

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

10 (B) the symptoms of trauma;

11 (C) an individual's personal trauma history;

12 (D) an individual's trauma triggers; and

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

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

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

26 Sec. 40.102. TRAUMA-INFORMED SYSTEM OF CARE. (a) The
27 department shall ensure that the child protective services division

1 of the department transitions to a trauma-informed system of care
2 that ensures that participants in the system:

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

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

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

11 (4) seek to actively resist re-traumatization.

12 (b) This section may not be construed to:

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

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

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

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

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

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

1 model.

2 (c) A trauma-informed care coordinator shall:

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

4 and

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

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

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

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

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

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

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

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

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

27 (f) The department may accept on behalf of the task force a

1 gift, grant, or donation from any source to carry out the purposes
2 of the task force.

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

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

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

13 (A) in the department's conservatorship; or

14 (B) receiving family-based safety services;

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

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

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

23 (B) foster parent turnover;

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

26 (D) caseworker attrition;

27 (E) the number of children in the department's

1 conservatorship who run away from the child's placement;

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

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

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

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

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

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

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

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

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

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

26 Sec. 40.105. TRAUMA-INFORMED CARE TRAINING: DEPARTMENT
27 EMPLOYEES. The department shall ensure that each department

1 employee who interacts with or makes decisions on behalf of a child
2 in the department's conservatorship receives trauma-informed care
3 training that provides the employee with a foundational level of
4 understanding of:

5 (1) symptoms of trauma and adverse childhood
6 experiences;

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

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

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

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

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

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

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

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

3 Sec. 40.106. TRAUMA-INFORMED CARE TRAINING: ADMINISTRATIVE
4 EMPLOYEES. (a) In addition to the training required by Section
5 40.105, the department shall ensure that each department employee
6 who makes decisions on behalf of the department regarding the
7 department's organization, policy goals, and funding receives
8 training that teaches the employee to:

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

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

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

16 (4) minimize secondary trauma for staff.

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

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

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

27 (2) recognize trauma triggers;

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

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

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

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

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

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

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

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

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

24 Sec. 40.108. TRAUMA-INFORMED CARE TRAINING: CASEWORKERS
25 AND INVESTIGATORS. (a) In addition to the training required by
26 Section 40.105, the department shall ensure that each department
27 employee who serves as a caseworker or investigator receives

1 training that uses a research-supported or evidence-based
2 interactive and problem-solving model to give employees the ability
3 to:

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

6 (2) recognize trauma triggers;

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

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

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

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

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

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

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

27 (c) The department shall provide to employees described by

1 Subsection (a) access to ongoing coaching regarding implementing
2 and using trauma-informed care principles to respond to the needs
3 of a child in the department's conservatorship.

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

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

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

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