

By: Miller

H.B. No. 1638

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 Services
4 and trauma-informed care training for certain department
5 employees.

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

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

10 (a) The department shall include at least eight hours of
11 training in trauma-informed programs and services in any training
12 the department provides to foster parents, adoptive parents, and
13 kinship caregivers [~~, department caseworkers, and department~~
14 ~~supervisors~~]. The trauma-informed training required by this
15 subsection must use a research-supported model and meet the
16 requirements of the training required under Sections 40.104 and
17 40.107, Human Resources Code.

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

1 (a-2) The department may exempt from the training required
2 by Subsection (a) any individual who submits proof to the
3 department that the individual has received training that meets the
4 requirements of Sections 40.104 and 40.107, Human Resources Code.

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

7 SUBCHAPTER D. TRAUMA-INFORMED CARE

8 Sec. 40.101. DEFINITIONS. In this subchapter:

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

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

13 (B) interpersonal or relational trauma from
14 abuse, neglect, maltreatment, and experiences that impact an
15 individual's brain, biology, behavior, beliefs, or body;

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

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

20 (E) witnessing domestic violence;

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

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

26 (2) "Trauma-informed care," "trauma-informed
27 program," or "trauma-informed service" means care or a program or

1 service that is person-centered, avoids re-traumatization, and
2 takes into account:

3 (A) the impact that traumatic experiences have on
4 the brain, biology, body, beliefs, and behavior;

5 (B) the symptoms of trauma;

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

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

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

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

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

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

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

25 (4) understands that a pharmacological response or
26 reducing the risk of repeat trauma alone cannot meet the needs of
27 vulnerable individuals, and building relationships, community, and

1 the feeling of safety are necessary for neuro-development and
2 healing from trauma;

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

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

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

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

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

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

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

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

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

27 (7) avoids re-traumatization by recognizing how

1 department practices such as placement disruptions, seclusion,
2 restraints, and abrupt transitions can cause additional harm and
3 interfere with healing;

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

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

11 (b) The department may leverage outside resources and
12 coordinate state resources toward implementing trauma-informed
13 care for children who are in the department's conservatorship or
14 receiving family-based safety services and shall:

15 (1) implement the transition to a trauma-informed
16 system of care described by Subsection (a) for children in the
17 department's conservatorship;

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

22 (3) adopt trauma-informed practices and policies to
23 reduce:

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

26 (B) foster parent turnover;

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

1 conservatorship who are unable to be placed with adoptive parents;

2 (D) caseworker attrition;

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

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

5 (F) the amount of psychotropic medications

6 prescribed to children in the department's conservatorship;

7 (G) the number of children in the department's

8 conservatorship whose level of care increases;

9 (H) the number of children in the department's

10 conservatorship who are placed in psychiatric facilities or

11 residential treatment centers;

12 (I) the number of young adults who have

13 difficulty functioning independently after transitioning out of

14 the department's conservatorship; and

15 (J) the amount of money that the state spends on

16 services for adults who:

17 (i) did not receive trauma-informed care

18 when they were in the department's conservatorship; and

19 (ii) are unable to function independently

20 as adults or are incarcerated or homeless.

21 (c) For purposes of providing any service to a child, the

22 department shall presume that each child in the department's

23 conservatorship has experienced trauma, may continue to experience

24 trauma, and needs systems, practices, and policies that use

25 trauma-informed care.

26 (d) This section may not be construed to:

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

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

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

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

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

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

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

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

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

20 Sec. 40.104. TRAUMA-INFORMED CARE TRAINING: DEPARTMENT
21 EMPLOYEES. (a) The department shall ensure that each department
22 employee who interacts with or makes decisions on behalf of a child
23 in the department's conservatorship receives trauma-informed care
24 training that provides the employee with a foundational level of
25 understanding of:

26 (1) trauma and adverse childhood experiences;

27 (2) the impact that trauma has on a child, including

1 how trauma may affect a child's behavior;

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

4 (4) the role that trauma-informed care and services,
5 including strategies and interventions that build connection,
6 physical and psychological safety, and regulation of emotions, can
7 have in helping a child build resiliency and overcome the effects of
8 trauma and adverse childhood experiences;

9 (5) the importance of screening children for trauma
10 and considering a child's trauma history in making decisions that
11 affect the child;

12 (6) the risk of misdiagnosis and inappropriate use of
13 psychotropic medication for the treatment of children who have
14 experienced trauma;

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

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

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

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

24 (b) A department employee who submits proof to the
25 department that the employee has completed a training program
26 provided by another entity that meets the requirements described by
27 Subsection (a) satisfies the training requirements of this section.

1 Sec. 40.105. TRAUMA-INFORMED CARE TRAINING: ADMINISTRATIVE
2 EMPLOYEES. (a) In addition to the training required by Section
3 40.104, the department shall ensure that each department employee
4 who makes decisions on behalf of the department regarding the
5 department's organization, policy goals, and funding receives
6 training that teaches the employee to:

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

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

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

14 (4) minimize secondary trauma for staff.

15 (b) The total amount of training under Section 40.104 and
16 this section must be at least eight hours.

17 (c) A department employee who submits proof to the
18 department that the employee has completed a training program
19 provided by another entity that meets the requirements described by
20 Subsection (a) satisfies the training requirements of this section.

21 Sec. 40.106. TRAUMA-INFORMED CARE TRAINING: REGIONAL
22 DIRECTORS AND SUPERVISORS. (a) In addition to the training
23 required by Section 40.104, the department shall ensure that each
24 department employee who serves as a regional director or mid-level
25 supervisor receives training that gives the employee the ability to
26 apply and teach to others how to:

27 (1) understand the difference between wilful

1 disobedience and trauma-induced behavior for a child who has
2 experienced trauma;

3 (2) recognize trauma triggers;

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

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

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

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

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

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

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

19 (b) The total amount of training under Section 40.104 and
20 this section must be at least eight hours.

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

25 (d) A department employee who submits proof to the
26 department that the employee has completed a training program
27 provided by another entity that meets the requirements described by

1 Subsection (a) satisfies the training requirements of this section.

2 Sec. 40.107. TRAUMA-INFORMED CARE TRAINING: CASEWORKERS
3 AND INVESTIGATORS. (a) In addition to the training required by
4 Section 40.104, the department shall ensure that each department
5 employee who serves as a caseworker or investigator receives
6 training that uses a research-supported, interactive
7 problem-solving model to give employees the ability to:

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

11 (2) recognize trauma triggers;

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

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

16 (5) 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 (6) collaborate with other professionals or
21 caregivers to identify solutions to problems that arise because of
22 a child's trauma; and

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

25 (b) The total amount of training under Section 40.104 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 (d) A department employee who submits proof to the
5 department that the employee has completed a training program
6 provided by another entity that meets the requirements described by
7 Subsection (a) satisfies the training requirements of this section.

8 Sec. 40.108. SPECIFIC MODEL NOT REQUIRED. The training
9 requirements of this subchapter do not require the use of any
10 specific training model or program.

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

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

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