

By: Fallon

S.B. No. 2419

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 include at least eight hours of  
12 training in trauma-informed programs and services in any training  
13 the department provides to foster parents, adoptive parents, and  
14 kinship caregivers [~~, department caseworkers, and department~~  
15 ~~supervisors~~]. The trauma-informed training required by this  
16 subsection must use a research-supported model and meet the  
17 requirements of the training required under Sections 40.105 and  
18 40.108, Human Resources Code.

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

1 ensure progress toward a trauma-informed system of care.

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

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

8 SUBCHAPTER D. TRAUMA-INFORMED CARE

9 Sec. 40.101. DEFINITIONS. In this subchapter:

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

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

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

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

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

21 (E) witnessing domestic violence;

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

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

27 (2) "Trauma-informed care," "trauma-informed

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

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

6 (B) the symptoms of trauma;

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

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

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

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

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

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

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

26 (4) understands that a pharmacological response or  
27 reducing the risk of repeat trauma alone cannot meet the needs of

1 vulnerable individuals, and building relationships, community, and  
2 the feeling of safety are necessary for neuro-development and  
3 healing from trauma;

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

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

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

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

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

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

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

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

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

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

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

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

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

17           (c) This section may not be construed to:

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

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

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

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

26           Sec. 40.103. REGIONAL COORDINATORS. (a) The department  
27 shall appoint at least two trauma-informed care coordinators in

1 each department region who have substantial expertise and  
2 experience in at least one trauma-informed care model.

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

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

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

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

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

14 (b) The governor shall establish the Trauma-Informed Care  
15 Task Force in the department. The task force is composed of five  
16 members of the public appointed by the governor who work in the  
17 field of trauma-informed care. The governor shall designate a  
18 member of the task force as the presiding officer of the task force  
19 to serve in that capacity at the pleasure of the 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 (1) implementing the transition to a trauma-informed  
8 system of care for children in the department's conservatorship;

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

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

13 (B) receiving family-based safety services;

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

18 (4) adopting trauma-informed practices and policies  
19 to reduce:

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

22 (B) foster parent turnover;

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

25 (D) caseworker attrition;

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

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

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

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

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

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

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

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

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

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

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

27                   (1) trauma and adverse childhood experiences;



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

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

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

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

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

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

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

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

22           Sec. 40.106. TRAUMA-INFORMED CARE TRAINING: ADMINISTRATIVE  
23 EMPLOYEES. (a) In addition to the training required by Section  
24 40.105, the department shall ensure that each department employee  
25 who makes decisions on behalf of the department regarding the  
26 department's organization, policy goals, and funding receives  
27 training that teaches the employee to:

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

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

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

8           (4) minimize secondary trauma for staff.

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

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

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

20           (2) recognize trauma triggers;

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

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

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

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

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

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

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

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

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

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

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

24           (2) recognize trauma triggers;

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

27           (4) learn and practice strategies and interventions

1 that promote a child's healing;

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

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

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

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

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

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

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

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

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