

SUBJECT: Requiring evidence-based trauma training for certain individuals

COMMITTEE: Human Services — committee substitute recommended

VOTE: 7 ayes — Raymond, Frank, Miller, Minjarez, Rose, Swanson, Wu

0 nays

2 absent — Keough, Klick

WITNESSES: For — Shandra Carter, Arrow Child and Family Ministry; Patrick Foster, Central Texas Table of Grace; Julie Kouri, Fostering Hope Austin; David Cross, Karyn Purvis Institute of Child Development; Will Francis, National Association of Social Workers - Texas Chapter; Amanda Herrom and Jessica Kilpatrick, Starry; Diane Ewing, Texans Care for Children; Sarah Crockett, Texas CASA; Kristen Bell, Texas Lawyers for Children; Aurora Jones, Travis County Civil District Courts; Mike Foster; Stephanie Hall; (*Registered, but did not testify*: Natalie Smith, Children at Risk, Mental Health America of Greater Houston; Dennis Borel, Coalition of Texans with Disabilities; Jolene Sanders, Easterseals; Sarah Mercado, Karyn Purvis Institute of Child Development at TCU; Margaret Johnson, League of Women Voters of Texas; Moe Dozier, Methodist Children's Home; Christine Yanas, Methodist Healthcare Ministries; Jay Hamilton, Miracle Farm; Greg Hansch, National Alliance on Mental Illness (NAMI) Texas; Katherine Barillas, One Voice Texas; David Thompson, Presbyterian Children's Homes and Services; Randy Spencer, Presbyterian Children's Homes and Services, Karyn Purvis Institute of Child Development, Texas Coalition of Homes for Children; Anais Miracle, San Antonio Children's Shelter; Estevan Delgado, Texas CASA; Joshua Houston, Texas Impact; Michelle Romero, Texas Medical Association; Dimple Patel, TexProtects; Jennifer Allmon, Texas Catholic Conference of Bishops; Katie Olse, TX Alliance of Child and Family Services; Aidan Utzman, United Ways of Texas; Knox Kimberly, Upbring; Tymothy Belseth; Tim Brown)

Against — None

On — Kristi Taylor, Children's Commission

DIGEST:

CSHB 2335 would require attorneys ad litem, volunteers and employees of court-appointed volunteer advocate programs, Child Protective Services (CPS) employees, and residential child-care facility workers to complete evidence-based trauma training that included instruction on the practical application of the training to a person's duties. The evidence-based trauma training for volunteers and employees of court-appointed volunteer advocate programs, CPS employees, and residential child-care facility workers would have to prepare them to meet the routine needs of traumatized children by helping the child feel safe, build relationships, and learn to regulate the child's emotions.

The Health and Human Services Commission (HHSC) executive commissioner would adopt rules to implement training for volunteers and employees of court-appointed volunteer advocate programs, child-care workers, and CPS employees. The rules for CPS employees would be adopted using a negotiated rulemaking process and include a definition of trauma. The executive commissioner would review the evidence-based trauma training developed and adopted for CPS employees and update the subject matter at least every two years.

The bill would take effect September 1, 2017.

SUPPORTERS
SAY:

CSHB 2335 would equip child welfare stakeholders with the tools and knowledge needed to respond effectively to children who have experienced trauma. Children who enter Texas' child welfare system often experience trauma that can stem from abuse or neglect by their families prior to removal or from the separation from their families after removal. Trauma may include emotional, physical, and sexual abuse, neglect, human trafficking, and deprivation. These experiences can cause difficulties in learning, ongoing behavior problems, impaired relationships, and poor social and emotional competence. Traumatized youth often exhibit over-reactive responses to triggers, which can be mistaken for disobedience by those unfamiliar with trauma. The bill

would help ensure those who interacted with a child daily were aware of trauma symptoms and behaviors by requiring them to undergo evidence-based trauma training.

Certain trauma care already is required by rule and in current law, such as the trauma-informed training required for certain caregivers and caseworkers under Family Code, sec. 264.015. CSHB 2335 would enhance existing trauma training by ensuring the applications were practical and relevant. Strengthening Child Protective Services (CPS) caseworkers' trauma training would improve caseworker retention and help them find better placements for children.

While attorneys ad litem are required to complete continuing legal education specific to their role, this does not include a trauma component. Because attorneys ad litem are heavily involved in a child's case, it is their responsibility to understand and represent what a child has experienced. Requiring attorneys ad litem to complete trauma training would help them advocate more strongly for a traumatized child's needs.

The evidence-based trauma training would be a worthy investment of taxpayer dollars to ensure stakeholders could apply practical skills to help heal a traumatized child.

**OPPONENTS
SAY:**

It would be better for CSHB 2335 to require trauma training that was evidence-informed rather than evidence-based. An evidence-based practice is one of the hardest standards to achieve because it requires a controlled clinical trial, which could limit the scope and application of the trauma training. An evidence-informed practice is an easier standard to achieve because methods can be incorporated into the training without formal clinical research.

While CPS reform is a worthy cause, the fiscal impact to the state would be significant, exceeding \$45 million in fiscal 2018-19. The bill also could place an administrative burden on counties by requiring them to provide additional training for attorneys.

OTHER
OPPONENTS
SAY:

While CSHB 2335 appropriately would increase the number of stakeholders required to undergo trauma training, the bill also should extend the requirement to therapists who interact with children in the child welfare system.

NOTES:

According to the Legislative Budget Board's (LBB's) fiscal note, CSHB 2335 would have a negative impact of \$45.6 million in general revenue related funds in fiscal 2018-19 and \$5.5 million each year thereafter. It is assumed that the current trauma training provided by the Department of Family and Protective Services would not meet the bill's evidence-based training requirement and that the department would implement the Trust-Based Relational Intervention model for CPS employees beginning in fiscal 2018.

CSHB 2335 differs from the bill as filed in numerous ways. The bill as filed would have required trauma training only for CPS caseworkers who interacted with children daily and employees of certain residential child-care facilities.