

SUBJECT: Requiring trauma-informed care training and creating a task force

COMMITTEE: Human Services — committee substitute recommended

VOTE: 6 ayes — Frank, Hinojosa, Meza, Miller, Noble, Rose

0 nays

3 absent — Clardy, Deshotel, Klick

WITNESSES: For — Georgia Beard, Beard Counseling; Michelle Maikoetter, Cal Farleys Boys Ranch; Kim Murphy, Dallas County Public Defenders Office; Clara Thomas, Harris County Protective Services; Daren Jones, Karyn Purvis Institute; Karen Furman, KPICD; Christina Wise, Momentous Institute; Kristen Bell, Barbara Elias-Perciful, and Patricia Hogue, Texas Lawyers for Children; Diamond Davila, Travis County Collaborative For Child; Donald Winsted, Winsted Psychological Services; and 10 individuals; (*Registered, but did not testify*: Brianne Gigout, Catholic Charities; Jo DePrang, Children's Defense Fund-Texas; Girien Salazar, Christian Life Commission-BGCT; Chris Masey, Coalition of Texans with Disabilities; Adam Haynes, Conference of Urban Counties; Lauren Rangel, Easterseals Central Texas; Julie Kouri and Anna Valdez, Fostering Hope Austin; Aimee Bertrand, Harris County Commissioners Court; Jeff Alexander and Evelyn Emdin, Harris County Protective Services; Krystle Ramsay, Hill Country Youth Ranch, Texas Coalition of Homes for Children; Randy Spencer, Presbyterian Children's Homes and Services; Sabrina Gonzalez, Texas CASA; Steve Koebele, Texas Coalition of Homes for Children; Douglas Smith, Texas Criminal Justice Coalition; Michael Gomez; Rebecca Harkleroad; Mackenzie Hughes; Christopher Young)

Against — Sharon Armke; Cindy Asmussen; (*Registered, but did not testify*: Caryl Ayala, Concerned Parents of Texas; Eric Woomer, Federation of Texas Psychiatry; Troy Alexander, Texas Medical Association; Kaitlyn Doerge, Texas Pediatric Society; Darren Keyes; Beth Maynard; Deborah Nelms; Ruth York)

On — Kristene Blackstone, Department of Family and Protective Services; Andrew Homer, Texas CASA; Knox Kimberly, Upbring; Barbara Rila; (*Registered, but did not testify*: Liz Kromrei and Tiffany Roper, Department of Family and Protective Services; Will Francis, National Association of Social Workers-Texas Chapter; Sabrina Gonzalez, Texas CASA; Camille Cain, Texas Juvenile Justice Department; Lauren Rose, Texas Network of Youth Services)

**BACKGROUND:** Family Code sec. 264.015 requires the Department of Family and Protective Services (DFPS) to include trauma-informed programs and services in any training provided to foster parents, adoptive parents, kinship caregivers, and DFPS caseworkers and supervisors.

Concerns have been raised that the current DFPS training is not sufficient to address the maladaptive coping skills and behaviors exhibited by traumatized children in the child welfare system.

**DIGEST:** CHSB 1536 would require the Department of Family and Protective Services (DFPS) to implement a trauma-informed system of care, expand training requirements for all employees and caregivers on trauma-informed care, and establish a task force.

**Definitions.** Trauma would be defined as the range of maltreatment, interpersonal violence, abuse, assault, and neglect experiences encountered by children, adolescents, and adults, including:

- physical, sexual, and emotional abuse;
- interpersonal or relational trauma from abuse, neglect, and maltreatment;
- community, peer, and school-based assault, molestation, and severe bullying;
- severe physical, medical, and emotional neglect;
- witnessing domestic violence; and
- the impact of abrupt separation, serious and pervasive disruptions in caregiving, and traumatic loss.

Trauma-informed care, trauma-informed program, or trauma-informed service would be defined as care or a program or service that was person-centered, avoided re-traumatization, and took into account:

- the impact that traumatic experiences have on an individual's brain development and cognitive, emotional, physical, and behavioral functioning;
- the symptoms of trauma;
- an individual's personal trauma history and trauma triggers; and
- methods for addressing the traumatized individual's needs by helping the individual feel safe, build relationships, learn to regulate emotions, and build resiliency.

The DFPS commissioner would have to adopt rules defining these terms by December 1, 2019, and would have to consider the terms in this bill. Any definitions adopted by the DFPS commissioner would override the definitions in this bill.

**Trauma-informed system of care.** DFPS would have to ensure that Child Protective Services transitioned to a trauma-informed system of care that ensured that participants in the system:

- recognized the widespread impact of trauma and understood the potential paths to recovery;
- recognized the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
- responded by fully integrating knowledge about trauma and trauma-informed care into policies, procedures, practices, and training; and
- sought to actively resist re-traumatization.

These provisions could not be construed to create a legal presumption against a parent in a DFPS investigation or a suit affecting the parent-child relationship or relieve DFPS of any burden of proof required in a suit affecting the parent-child relationship.

**Regional coordinators.** DFPS would have to appoint at least two trauma-informed care coordinators in each department region who had substantial expertise and experience in at least one trauma-informed care model. DFPS would have to ensure that, if possible, each coordinator represented a different trauma-informed care model. Coordinators would organize and offer trauma-informed care training and offer coaching and support in the region.

**Task force.** DFPS would have to establish a trauma-informed care task force to assist in implementing the transition to a trauma-informed care system of care for children in DFPS conservatorship. The task force would meet quarterly at the call of the presiding officer, who would be designated by the DFPS commissioner. The task force would consist of:

- nine public members who worked in the field of trauma-informed care, appointed by the DFPS commissioner;
- one member of the House appointed by the speaker; and
- one member of the Senate appointed by the lieutenant governor.

A vacancy on the task force would be filled in the same manner as the original appointment. Members would not be entitled to compensation or reimbursement of expenses incurred in performing duties related to the task force. DFPS would provide reasonably necessary administrative and technical support to the task force. DFPS could accept gifts, grants, or donations from any source to carry out the purposes of the task force.

To achieve its goal of assisting DFPS in implementing the transition to a trauma-informed system of care, the task force would have to leverage outside resources and coordinate state resources toward implementing trauma-informed care for children who were in DFPS conservatorship or receiving family-based safety services. The task force would have to ensure that all DFPS employees who interacted with or made decisions on behalf of children in DFPS conservatorship received appropriate trauma-informed care training.

The task force also would adopt trauma-informed practices and policies to reduce:

- the number of placement changes for children;
- foster parent turnover;
- the number of children unable to be placed with adoptive parents;
- caseworker attrition;
- the number of children who run away from a placement;
- the amount of psychotropic medications prescribed to children;
- the number of children whose level of care increased;
- the number of children who were placed in psychiatric facilities or residential treatment centers;
- the number of young adults who had difficulty functioning independently after transitioning out of DFPS conservatorship; and
- the amount of money the state spent on services for adults who did not receive trauma-informed care when they were in DFPS conservatorship and were unable to function independently as adults or were incarcerated or homeless.

Laws governing state advisory committees would not apply to the task force.

The task force would have to report to the Legislature by December 1 of each even-numbered year regarding DFPS's progress toward transitioning to a trauma-informed system of care and would have to make recommendations for any legislative action.

The task force would be abolished September 1, 2023.

**Trauma-informed care training.** DFPS would have to require that all DFPS employees, foster parents, adoptive parents, and kinship caregivers received training in trauma-informed care.

*All DFPS employees.* DFPS would have to ensure that each employee who interacted with or made decisions on behalf of a child in the department's

conservatorship received trauma-informed care training that provided the employee with a foundational level of understanding of:

- symptoms of trauma and adverse childhood experiences;
- the impact that trauma had on a child, including how trauma could affect a child's brain development and cognitive, emotional, physical, and behavioral functioning;
- attachment and how a lack of it could affect a child;
- the role that trauma-informed care and services, including strategies and interventions that built connection, provided physical and psychological safety, and helped the child learn to regulate emotions, could have in helping a child build resiliency and overcome the effects of trauma and adverse childhood experiences;
- the importance of screening children for trauma and the risk of mislabeling and inappropriate treatment of children without proper screening;
- the potential for re-traumatization of children in DFPS conservatorship;
- the importance of working with other systems to help a child receive trauma-informed care;
- the impact an adult's traumatic experiences could have on the adult's interactions with a child and ways to avoid secondary trauma; and
- the concepts, strategies, and skills most appropriate for each person's role in a child's life.

*Administrative employees.* Any DFPS employee that made decisions regarding the department's organization, policy goals, and funding would have to receive additional training to:

- support staff who provided trauma-informed care to children and families;
- create organizational change to reduce traumatizing practices and policies;
- identify and address practices or policies that had a

- disproportionate or disparate impact on children who experienced trauma within diverse populations; and
- minimize secondary trauma for staff.

*Regional directors and supervisors.* Any DFPS employee that served as a regional director or mid-level supervisor would have to receive additional training that gave the employee the ability to apply and teach others how to:

- understand trauma-induced behaviors that a child who had experienced trauma might exhibit;
- recognize trauma triggers;
- identify practices and policies that could re-traumatize children; and
- other skills related to trauma care as specified in the bill.

The total amount of training for regional directors and supervisors would have to be at least eight hours, and DFPS would have to provide access to ongoing coaching regarding implementing and using trauma-informed care principles to respond to the needs of children in DFPS conservatorship.

*Caseworkers and investigators.* Any caseworker or investigator would have to receive additional training that used a research-supported or evidence-based interactive and problem-solving model to give employees the ability to:

- understand trauma-induced behaviors that a child who experienced trauma might exhibit;
- recognize trauma triggers;
- identify practices that might re-traumatize children; and
- other skills related to trauma care as specified in the bill.

The total amount of training for caseworkers and investigators would have to be at least 24 hours, and DFPS would have to provide access to ongoing coaching on implementing and using trauma-informed care

principles to respond to the needs of a child in DFPS conservatorship.

*Caregivers.* For foster parents, adoptive parents, and kinship caregivers, DFPS would have to require training that used a research-supported or evidence-based model, met all requirements for DFPS employees and caseworkers under this bill, and could include faith-based programs.

DFPS could exempt individuals from the training if they submitted proof that they had received training that met the necessary criteria.

None of the training requirements in the bill would have to use any specific training model or program.

**Deadlines.** DFPS would have to provide the training required by this bill to the employees in two or three regions each fiscal year. DFPS would have to complete the training in all regions by September 1, 2023.

The bill would take effect September 1, 2019.

NOTES:

According to the Legislative Budget Board, the bill would have a negative impact of about \$8.5 million to general revenue related funds through fiscal 2020-21.