

SUBJECT: Requiring trauma history screening for certain defendants and inmates

COMMITTEE: Corrections — committee substitute recommended

VOTE: 9 ayes — White, Allen, Bailes, Bowers, Dean, Morales, Neave, Sherman,  
Stephenson

0 nays

WITNESSES: For — Lindsey Linder, Texas Criminal Justice Coalition; Teresa May, Texas Probation Association; (*Registered, but did not testify*: Terra Tucker, Alliance for Safety and Justice; Nicholas Hudson, American Civil Liberties Union of Texas; Jo DePrang, Children's Defense Fund-Texas; Fatima Mann, Community Advocacy and Healing Project; Traci Berry, Goodwill Central Texas; Cate Graziani, Grassroots Leadership and Texas Advocates for Justice; Julia Egler, National Alliance on Mental Illness Texas; Eric Kunish, National Alliance on Mental Illness-Austin; Will Francis, National Association of Social Workers-Texas Chapter; Lori Henning, Texas Association of Goodwills; Kathryn Freeman, Texas Baptist Christian Life Commission; Christopher Thomas and Mike Wolfe, Texas Probation Association; Jason Howell; Maria Person; Kirsten Ricketts)

Against — None

On — Todd Jermstad; (*Registered, but did not testify*: Carey Green, Texas Department of Criminal Justice)

DIGEST: CSHB 2168 would require the Texas Department of Criminal Justice (TDCJ) to screen each inmate during the diagnostic process to determine whether the inmate had experienced adverse childhood experiences or other significant trauma. TDCJ would have to refer any inmate exhibiting symptoms of post-traumatic stress disorder (PTSD) or other trauma as needed to the appropriate health care professional for treatment.

Each community supervision and corrections department would be

required by the TDCJ community justice assistance division to, at the time of a defendant's initial placement on community supervision, screen the defendant for adverse childhood experiences or other significant trauma. The departments would have to refer any defendant exhibiting symptoms of PTSD or other trauma as needed to the appropriate medical or mental health care professional for treatment.

The bill would take effect September 1, 2019.

**SUPPORTERS  
SAY:**

CSHB 2168 would help create a more trauma-informed corrections system by identifying individuals in need of treatment during the intake process for inmates and during the community supervision placement process for defendants and then referring individuals with identified traumas to appropriate health care professionals for treatment. This would ensure that inmates and defendants received needed medical care to address underlying traumas.

The bill particularly would help reduce recidivism among female offenders. Surveys of incarcerated women in Texas have shown a majority were survivors of past trauma, and studies have shown that women who received gender-specific, trauma-informed care during incarceration were significantly more likely to engage in voluntary community-based treatment after being released and were less likely to reoffend.

The bill would not create redundancy in required health care services for offenders; rather, it would complement existing resources in the correctional health care system. While there is a need for more resources for correctional health care, particularly in rural areas, there is also a need to identify trauma-affected individuals in the criminal justice system.

**OPPONENTS  
SAY:**

CSHB 2168 would create redundancy in the health care services required to be provided to offenders, since the Texas Department of Criminal Justice already provides for diagnosis and treatment. The bill also could fail to provide needed services to individuals identified during screening due to a lack of resources available in correctional health care.