HOUSE OF REPRESENTATIVES - FLOOR VERSION

STATE OF OKLAHOMA

2nd Session of the 56th Legislature (2018)

ENGROSSED SENATE
BILL NO. 1517

By: Griffin and Floyd of the Senate

and

Bush, Lawson, Baker and West (Tammy) of the House

An Act relating to trauma-informed care; creating the Task Force on Trauma-Informed Care to study and make recommendations to the Legislature on best practices with respect to children and youth who have experienced trauma; setting forth Task Force duties; providing for membership; specifying areas to be examined and time lines; specifying nature of recommendations; providing that Task Force meetings are subject to Oklahoma Open Meeting Act; providing that Task Force members shall not receive reimbursement; providing for noncodification; and providing an effective date.

BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

SECTION 1. NEW LAW A new section of law not to be codified in the Oklahoma Statutes reads as follows:

A. There is hereby created until three (3) years after the effective date of this act, a task force to be known as the Task Force on Trauma-Informed Care. The Task Force shall:

1. Identify, evaluate, recommend, maintain and update as described in subsection D of this section and in accordance with subsection E of this section, a set of best practices with respect to children and youth, and their families as appropriate, who have experienced or are at risk of experiencing trauma, especially adverse childhood experiences (ACEs); and

2. Carry out other duties as described in subsection C of this section.

B. The Task Force shall be comprised of seventeen (17) members, each appointed by his or her respective agency:

1. One member who is an employee or designee of the State Department of Health;

2. One member who is an employee or designee of the Department of Mental Health and Substance Abuse Services;

3. One member who is an employee or designee of the Department of Human Services;

4. One member who is an employee or designee of the SoonerStart division of the State Department of Education;

5. One member who is an employee or designee of the State Department of Education, other than an employee or designee of the SoonerStart division;

6. One member who is an employee or designee of the Office of Juvenile Affairs;

7. One member who is an employee or designee of the Council on Law Enforcement Education and Training;

8. One member who is an employee or designee of the Oklahoma Commission on Children and Youth;

9. One member who is an employee or designee of Indian Health Services;

10. One member who is an employee or designee of the Oklahoma Health Care Authority;

11. One member who is an employee or designee of the Office of the Attorney General;

12. One member who is an employee or designee of the Center for Integrative Research on Childhood Adversity at Oklahoma State University;

13. One member who is an employee or designee of the Oklahoma chapter of a professional association of pediatricians;

14. One member who is an employee or designee of an association of Oklahoma physicians;

15. One member who is an employee or designee of the University of Oklahoma Health Sciences Center's Department of Pediatrics;

16. One member who is an employee or designee of an Oklahoma organization that advocates on behalf of children; and

17. One member who is an employee or designee of the Institute for Building Early Relationships at Oklahoma State University.

The members of the Task Force shall elect a chair from among the Task Force's membership.

C. Appointments to the Task Force shall be made within thirty (30) days after the effective date of this act.

D. The Task Force shall:

1. Not later than one year after the effective date of this act, and not less often than annually thereafter:

a. identify and evaluate a set of evidence-based, evidence-informed and promising best practices, which may include practices already supported by the State Department of Health, the Department of Human Services, the Office of Attorney General, the State Department of Education or another state agency,

b. recommend such set of best practices, including disseminating the set to:

(1) the State Department of Health, the Department of Human Services, the Office of Attorney General, the State Department of Education and other state agencies as appropriate,

(2) state, tribal and local government agencies, including State, local and tribal educational agencies,

(3) other entities, including but not limited to recipients of relevant state grants, professional associations, health professional organizations, state accreditation bodies and schools, and

(4) to the general public, and

c. maintain and update, as appropriate, the set of best practices pursuant to this paragraph;

2. Not later than two (2) years after the effective date of this act:

a. prepare an integrated task force strategy report concerning how the Task Force and member agencies will collaborate, prioritize options for and implement a coordinated approach to preventing trauma, especially ACEs, and identifying and ensuring the appropriate interventions and supports for children, youth and their families as appropriate, who have experienced or are at risk of experiencing trauma,

b. submit the report to the chair of the Senate Health and Human Services Committee and the chair of the House of Representatives

Children, Youth and Family Services Committee, and

c. make the report publicly available; and

3. Not later than one year after the effective date of this act, and as often as practicable, but not less often than annually thereafter:

a. coordinate, to the extent feasible, among the offices and other units of government represented on the Task Force, research, data collection and evaluation regarding models described in subsection E of this section,

b. identify gaps in or populations or settings not served by models described in subsection E of this section, solicit feedback on the models from the stakeholders described in subsection E of this section,

c. coordinate, among the offices and other units of government represented on the Task Force, the preventing and mitigating trauma, and

d. establish procedures to enable the offices and units of government to share technical expertise related to preventing and mitigating of trauma.

E. In identifying, evaluating, recommending, maintaining and updating the set of best practices under subsection D of this section, the Task Force shall:

1. Consider findings from evidence-based, evidence-informed and promising practice-based models, including from institutions of higher education, community practice, recognized professional associations and programs of the State Department of Health, the Department of Human Services, the Office of Attorney General, the State Department of Education and other agencies that reflect the science of healthy child, youth and family development, and have been developed, implemented and evaluated to demonstrate effectiveness or positive measurable outcomes;

2. Engage with and solicit feedback from:

a. faculty at institutions of higher education including, but not limited to, the Center for Integrative Research on Childhood Adversity (CIRCA),

b. community practitioners associated with the community practice described in paragraph 1 of this subsection,

c. recognized professional associations that represent the experience and perspectives of individuals who provide services in covered settings in order to obtain observations and practical recommendations on best practices, and

d. the public, by holding at least one public meeting to solicit recommendations and information relating to best practices;

3. Recommend models for settings in which individuals may come into contact with children and youth, and their families as appropriate, who have experienced or are at risk of experiencing trauma, including schools, hospitals and settings where health care providers, including primary care and pediatric providers, provide services, preschool and early childhood education and care settings, home visiting settings, after-school program facilities, child welfare agency facilities, public health agency facilities, mental health treatment facilities, substance abuse treatment facilities, faith-based institutions, domestic violence centers, homeless services system facilities, juvenile justice system facilities and law enforcement agency facilities; and

4. Recommend best practices that are evidence-based, are evidence-informed or are promising and practice-based, and that include guidelines for:

a. training of front-line service providers including teachers, providers from child-serving or youth-serving organizations, health care providers, individuals who are mandatory reporters of child abuse or neglect and first responders, in understanding and identifying early signs and risk factors of trauma in children and youth, and their families as appropriate, including through screening processes,

b. implementing appropriate responses,

c. implementing procedures or systems that:

(1) are designed to quickly refer children and youth and their families, as appropriate, who have experienced or are at risk of experiencing trauma, and ensure the children, youth and appropriate family members receive the appropriate trauma-informed screening and support, including treatment,

(2) use partnerships that include local social services organizations or clinical mental health or health care service providers with expertise in furnishing support services including, but not limited to, trauma-informed treatment to prevent or mitigate the effects of trauma,

(3) use partnerships which co-locate or integrate services, such as by providing services at school-based health centers, and

(4) use partnerships designed to make such quick referrals, and ensure the receipt of screening, support and treatment, described in division (1) of this subparagraph,

d. educating children and youth to:

(1) understand trauma,

(2) identify signs, effects or symptoms of trauma, and

(3) build the resilience and coping skills to mitigate the effects of experiencing trauma,

e. multi-generational interventions to:

(1) support, including through skills building, parents, foster parents, adult caregivers and front-line service providers described in subparagraph a of this paragraph in fostering safe, stable and nurturing environments and relationships that prevent and mitigate the effects of trauma for children and youth who have experienced or are at risk of experiencing trauma,

(2) assist parents, foster parents and adult caregivers in learning to access resources related to such prevention and mitigation, and

(3) provide tools to prevent and address caregiver or secondary trauma, as appropriate,

f. community interventions for underserved areas that have faced trauma through acute or long-term exposure to substantial discrimination, historical or cultural oppression, intergenerational poverty, civil unrest, a

high rate of violence or a high rate of drug overdose mortality,

g. assisting parents and guardians in understanding eligibility for and obtaining certain health benefits coverage, including coverage under a State Medicaid plan under Title XIX of the Social Security Act of screening and treatment for children and youth, and their families as appropriate, who have experienced or are at risk of experiencing trauma,

h. utilizing trained nonclinical providers such as peers through peer support models, mentors, clergy and other community figures, to:

(1) expeditiously link children and youth, and their families as appropriate, who have experienced or are at risk of experiencing trauma, to the appropriate trauma-informed screening and support including, but not limited to, clinical treatment services, and

(2) provide ongoing care or case management services,

i. collecting and utilizing data from screenings, referrals or the provision of services and supports, conducted in the covered settings, to evaluate and improve processes for trauma-informed support and outcomes,

j. improving disciplinary practices in early childhood education and care settings and schools, including but not limited to use of positive disciplinary strategies that are effective at reducing the incidence of punitive school disciplinary actions, including but not limited to school suspensions and expulsions,

k. providing the training described in subparagraph a of this paragraph to child care providers and to school personnel, including school resource officers, teacher assistants, administrators and heads of charter schools, and

l. incorporating trauma-informed considerations into educational, pre-service and continuing education opportunities, for the use of health professional and education organizations, national and state accreditation bodies for health care and education providers, health and education professional schools or accredited graduate schools and other relevant training and educational entities.

F. The Task Force may meet as often as may be required in order to perform the duties imposed upon it. Meetings of the Task Force shall be subject to the Oklahoma Open Meeting Act.

G. Members of the Task Force shall receive no compensation or travel reimbursement.

SECTION 2. This act shall become effective November 1, 2018.

COMMITTEE REPORT BY: COMMITTEE ON RULES, dated 04/12/2018 - DO PASS, As Coauthored.