

HOUSE BILL No. 1301

DIGEST OF INTRODUCED BILL

Citations Affected: IC 12-7-2-190.2; IC 12-8-15.

Synopsis: Trauma informed care. Establishes the trauma informed care task force (task force). Provides that the task force shall study and make recommendations for use by health, educational, and other social service providers and submit a report to the general assembly regarding best practices with respect to children, youth, and families who have experienced trauma. Urges the legislative council to assign to the appropriate study committee the task of studying various issues pertaining to teachers and education.

Effective: Upon passage; July 1, 2019.

Shackleford

January 14, 2019, read first time and referred to Committee on Family, Children and Human Affairs.



First Regular Session of the 121st General Assembly (2019)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2018 Regular and Special Session of the General Assembly.

HOUSE BILL No. 1301

A BILL FOR AN ACT to amend the Indiana Code concerning human services.

Be it enacted by the General Assembly of the State of Indiana:

1 SECTION 1. IC 12-7-2-190.2 IS ADDED TO THE INDIANA
2 CODE AS A **NEW** SECTION TO READ AS FOLLOWS
3 [EFFECTIVE JULY 1, 2019]: **Sec. 190.2. (a) "Task force", for**
4 **purposes of IC 12-8-15, has the meaning set forth in IC 12-8-15-1.**
5 **(b) This section expires June 30, 2022.**
6 SECTION 2. IC 12-8-15 IS ADDED TO THE INDIANA CODE AS
7 A **NEW** CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY
8 1, 2019]:
9 **Chapter 15. Trauma Informed Care Task Force**
10 **Sec. 1. As used in this chapter, "task force" refers to the trauma**
11 **informed care task force established by section 2 of this chapter.**
12 **Sec. 2. The trauma informed care task force is established. The**
13 **task force shall identify, evaluate, recommend, maintain, and**
14 **update a set of best practices for use in assisting children, youth,**
15 **and their families (as appropriate) who have experienced or are at**
16 **risk of experiencing trauma or an adverse childhood experience.**
17 **Sec. 3. The task force consists of seventeen (17) members as**



- 1 follows:
2 (1) The secretary of family and social services or the
3 secretary's designee.
4 (2) The state health commissioner or the commissioner's
5 designee.
6 (3) The director of the department of mental health and
7 addiction or the director's designee.
8 (4) The director of the division of family resources or the
9 director's designee.
10 (5) The state superintendent of public instruction or the
11 superintendent's designee.
12 (6) The Indiana attorney general or the attorney general's
13 designee.
14 (7) The director of the department of child services or the
15 director's designee.
16 (8) The executive director of the Indiana criminal justice
17 institute or the executive director's designee.
18 (9) Four (4) members, appointed by the governor. A member
19 appointed under this subdivision must be affiliated with a
20 public or private hospital or organization that has an interest
21 in treating and serving children and youth experiencing
22 trauma.
23 (10) One (1) member of the house of representatives,
24 appointed by the speaker of the house of representatives. A
25 member appointed under this subdivision must be a member
26 of either of the following house standing committees:
27 (A) Education.
28 (B) Public Health.
29 (11) One (1) member of the house of representatives,
30 appointed by the minority leader of the house of
31 representatives. A member appointed under this subdivision
32 must be a member of either of the following house standing
33 committees:
34 (A) Education.
35 (B) Public Health.
36 (12) One (1) member of the senate, appointed by the president
37 pro tempore of the senate. A member appointed under this
38 subdivision must be a member of either of the following
39 senate standing committees:
40 (A) Education and Career Development.
41 (B) Health and Provider Services.
42 (13) One (1) member of the senate, appointed by the minority



1 leader of the senate. A member appointed under this
 2 subdivision must be a member of either of the following
 3 senate standing committees:

4 (A) Education and Career Development.

5 (B) Health and Provider Services.

6 (14) One (1) representative of the Indiana Minority Health
 7 Coalition, Inc., chosen by the organization.

8 Sec. 4. The governor shall appoint a member of the task force to
 9 serve as the chairperson of the task force.

10 Sec. 5. (a) A quorum of the task force consists of a majority of
 11 the members appointed to the task force.

12 (b) The affirmative vote of a majority of the members of the
 13 task force is necessary for the task force to take official action,
 14 including any reports required under this chapter.

15 Sec. 6. The office of the secretary shall provide staff and
 16 administrative support to the task force.

17 Sec. 7. All meetings of the task force shall be open to the public
 18 in accordance with and subject to IC 5-14-1.5. All records of the
 19 task force shall be subject to the requirements of IC 5-14-3.

20 Sec. 8. (a) Except as provided in subsections (b), (c), and (d), a
 21 member of the task force is not entitled to compensation for
 22 serving on the task force.

23 (b) Each member of the task force who is not a state employee
 24 is entitled to reimbursement for traveling expenses as provided
 25 under IC 4-13-1-4 and other expenses actually incurred in
 26 connection with the member's duties as provided in the state
 27 policies and procedures established by the Indiana department of
 28 administration and approved by the budget agency.

29 (c) Each member of the task force who is a state employee but
 30 who is not a member of the general assembly is entitled to
 31 reimbursement for traveling expenses as provided under
 32 IC 4-13-1-4 and other expenses actually incurred in connection
 33 with the member's duties as provided in the state policies and
 34 procedures established by the Indiana department of
 35 administration and approved by the budget agency.

36 (d) Each member of the task force who is a member of the
 37 general assembly is entitled to receive the same per diem, mileage,
 38 and travel allowances paid to members of the general assembly
 39 serving on interim study committees established by the legislative
 40 council.

41 Sec. 9. (a) Before July 1, 2020, and before each July 1 thereafter,
 42 the task force shall:



- 1 (1) identify and evaluate a set of evidence based best
2 practices;
3 (2) recommend the best practices described in subdivision (1)
4 to:
5 (A) the office of the secretary;
6 (B) the state department of health;
7 (C) the office of the attorney general;
8 (D) the department of education; and
9 (E) any other appropriate state agency (as defined in
10 IC 4-13-1-1); and
11 (3) maintain and update the best practices in accordance with
12 this chapter.
13 (b) In addition to the entities described in subsection (a)(2), the
14 task force shall also distribute the recommended best practices to
15 school corporations (as defined in IC 20-26-2-4), units of local
16 government (as defined in IC 36-1-2-23), and other entities that
17 serve children and youth who have experienced trauma.
18 Sec. 10. (a) To perform its duties under section 9 of this chapter,
19 the task force shall consider evidence based findings regarding
20 trauma informed care from:
21 (1) faculty members affiliated with postsecondary educational
22 institutions; and
23 (2) any applicable programs concerning trauma informed
24 care undertaken by:
25 (A) the office of the secretary;
26 (B) the state department of health;
27 (C) the office of the attorney general;
28 (D) the department of education; or
29 (E) another appropriate state agency (as defined in
30 IC 4-13-1-1);
31 that reflect the science of healthy child, youth, and family
32 development and have been evaluated and implemented to
33 demonstrate effectiveness or positive measurable outcomes.
34 (b) The task force shall recommend research models for settings
35 in which individuals may come into contact with children, youth,
36 and their families (as appropriate) who have experienced or are at
37 risk of experiencing trauma, including:
38 (1) schools;
39 (2) hospitals and other settings where health care providers
40 provide health care services;
41 (3) preschool and early childhood education and care settings;
42 (4) home visit settings;



- 1 (5) afterschool program facilities;
 2 (6) child welfare agency facilities;
 3 (7) public health agency facilities;
 4 (8) mental health treatment facilities;
 5 (9) substance abuse treatment facilities;
 6 (10) faith based institutions;
 7 (11) domestic violence centers;
 8 (12) homeless services system facilities;
 9 (13) juvenile justice system facilities; and
 10 (14) law enforcement agency facilities.
- 11 (c) A model described in subsection (b) must be evidence based
 12 and include guidelines for:
- 13 (1) individuals (including applicable school personnel) who
 14 interact with children, youth, and their families (as
 15 appropriate) at a location described in subsection (b);
 16 (2) through the use of screening processes that are designed to
 17 make referrals, understanding and identifying early signs and
 18 risk factors of trauma in children and youth and their
 19 families; and
 20 (3) implementing:
 21 (A) appropriate responses; and
 22 (B) through the use of partnerships that:
 23 (i) include health service providers with expertise in
 24 furnishing support services, including trauma informed
 25 treatment; and
 26 (ii) integrate services through the use of a school based
 27 health center;
 28 procedures or systems that are designed to refer children,
 29 youth, and their families (as appropriate) who have
 30 experienced or are at risk of experiencing trauma.
- 31 (d) The models described in subsection (b) must also:
 32 (1) educate children and youth to understand trauma, identify
 33 signs, effects, or symptoms of trauma, and build the resilience
 34 and coping skills to mitigate the effects of experiencing
 35 trauma;
 36 (2) establish multigenerational interventions to:
 37 (A) support parents, foster parents, adult caregivers and
 38 service providers described in subsection (b) in fostering
 39 safe, stable, and nurturing environments and relationships
 40 that prevent and mitigate the effects of trauma for children
 41 and youth who have experienced or are at risk of
 42 experiencing trauma;



- 1 **(B) assist parents, foster parents, and adult caregivers in**
 2 **learning to access resources related to preventing and**
 3 **mitigating trauma; and**
 4 **(C) provide tools to prevent and address caregiver or**
 5 **secondary trauma, as appropriate;**
 6 **(3) recommend community interventions for underserved**
 7 **areas that have faced trauma through acute or long term**
 8 **exposure to substantial discrimination, historical or cultural**
 9 **oppression, intergenerational poverty, civil unrest, a high rate**
 10 **of violence, or a high rate of drug overdose mortality;**
 11 **(4) assist parents and guardians in understanding eligibility**
 12 **for and obtaining certain health benefits coverage, including**
 13 **coverage under a state Medicaid plan under Title XIX of the**
 14 **Social Security Act for screening and treatment of children,**
 15 **youth, and their families (as appropriate) who have**
 16 **experienced or are at risk of experiencing trauma;**
 17 **(5) use trained nonclinical providers such as peers through**
 18 **peer support models, mentors, clergy, and other community**
 19 **figures to:**
 20 **(A) expeditiously link children, youth, and their families**
 21 **(as appropriate) who have experienced or are at risk of**
 22 **experiencing trauma to the appropriate trauma informed**
 23 **screening and support, including clinical treatment**
 24 **services; and**
 25 **(B) provide ongoing care or case management services;**
 26 **(6) collect and use data from screenings, referrals, or the**
 27 **provision of services and supports, conducted in a location**
 28 **described in subsection (b), to evaluate and improve processes**
 29 **for trauma informed support and outcomes;**
 30 **(7) improve disciplinary practices in early childhood**
 31 **education and care settings and schools, including the use of**
 32 **positive disciplinary strategies that are effective at reducing**
 33 **the incidence of school suspensions and expulsions or other**
 34 **punitive school disciplinary actions; and**
 35 **(8) incorporate trauma informed considerations into**
 36 **educational, preservice, and continuing education**
 37 **opportunities for the use of health professional and education**
 38 **organizations, national and state accreditation bodies for**
 39 **health care and education providers, health and education**
 40 **professional schools or accredited graduate schools, and other**
 41 **relevant training and educational entities.**
 42 **Sec. 11. Before July 1, 2020, and before each July 1 thereafter,**



- 1 the task force shall:
- 2 (1) coordinate the data collection and evaluation regarding
- 3 best practices described in section 9 of this chapter and
- 4 research models described in section 10 of this chapter among
- 5 the entities represented by the members of the task force;
- 6 (2) identify:
- 7 (A) populations or settings not served by best practices or
- 8 research models described in section 9 or 10 of this
- 9 chapter, as approximate; and
- 10 (B) solicit feedback on the models from the service
- 11 providers described in section 10(b) of this chapter;
- 12 (3) coordinate approaches to the prevention and mitigation of
- 13 trauma among the public and private entities represented on
- 14 the task force; and
- 15 (4) establish procedures to enable the public and private
- 16 entities represented on the task force to share technical
- 17 expertise related to the prevention and mitigation of trauma.
- 18 **Sec. 12. (a) Before July 1, 2021, the task force shall prepare a**
- 19 **report addressing how the task force will establish a strategy to**
- 20 **prevent childhood trauma that includes recommendations that**
- 21 **focus on preventing adverse childhood experiences.**
- 22 (b) The report described in subsection (a) must identify and
- 23 ensure that interventions and supports are available for children,
- 24 youth, and their families (as appropriate) who have experienced or
- 25 are at risk of experiencing trauma.
- 26 (c) The task force shall submit the report described in this
- 27 section to the general assembly in an electronic format under
- 28 IC 5-14-6.
- 29 **Sec. 13. This chapter expires June 30, 2022.**
- 30 **SECTION 3. [EFFECTIVE UPON PASSAGE] (a) The definitions**
- 31 **in IC 20 apply throughout this SECTION.**
- 32 (b) The legislative council is urged to assign to the appropriate
- 33 study committee the following topics concerning education:
- 34 (1) Methods to reduce class sizes.
- 35 (2) The number of instructional assistants used in each class.
- 36 (3) Methods to implement the use of a small group teaching
- 37 model in schools.
- 38 (4) The roles that school counselors play in schools.
- 39 (5) Methods to plan for the safety of teachers and
- 40 administrators if there is a fight between students.
- 41 (c) **This SECTION expires December 31, 2019.**
- 42 **SECTION 4. An emergency is declared for this act.**

