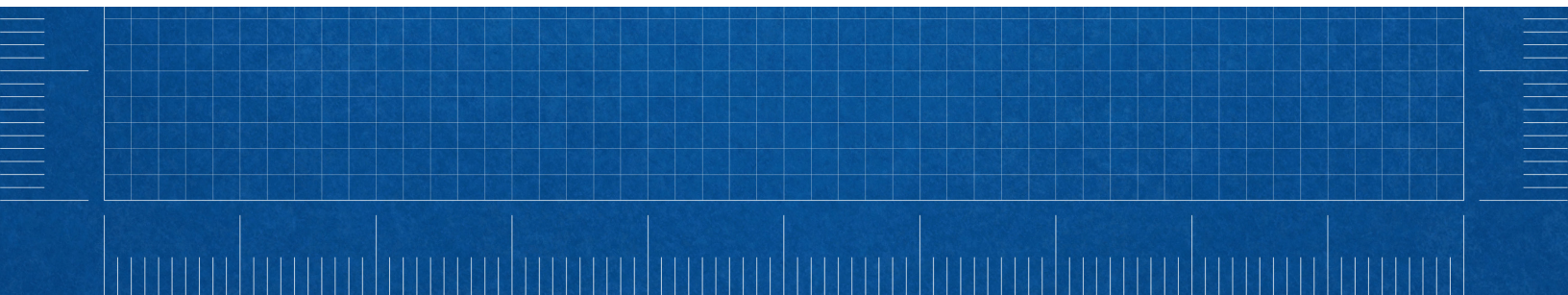

Building a Trauma-Informed Child Welfare System

A BLUEPRINT



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A BLUEPRINT

FEBRUARY 2019



SUPREME COURT OF TEXAS PERMANENT JUDICIAL
COMMISSION FOR CHILDREN, YOUTH AND FAMILIES



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The Blueprint does not directly represent the opinions or policies of any of the individuals or organizations listed in the following acknowledgements. The Children's Commission collected feedback from many stakeholders and organizations and synthesized the information into a consensus-driven Blueprint. To the best of our knowledge, all SCTIC member information listed herein is current as of January 31, 2019.

The views expressed herein have not been approved by the Supreme Court of Texas and should not be construed as an advisory or ruling on specific cases or legal issues. This report is solely intended to strengthen Texas' ability to respond to children and families using a trauma-informed lens. Costs associated with the SCTIC are funded by the Children's Commission Court Improvement Program.

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LETTER FROM CHIEF JUSTICE NATHAN L. HECHT AND JUSTICE EVA GUZMAN

Dear Colleagues,

The Supreme Court has been privileged for many years to be home to the Permanent Judicial Commission for Children, Youth and Families. The Children's Commission exists primarily to support our state's legal and judicial communities in handling child abuse and neglect cases. Its mission is to improve the safety, permanency, and well-being of Texas children by strengthening our court system. Achieving this objective requires a multi-faceted approach that includes collaborating with partners across the state, supporting initiatives that drive meaningful and profound reforms for the child welfare system, and responding to needs as they arise.



Achieving this objective requires a multi-faceted approach that includes collaborating with partners across the state, supporting initiatives that drive meaningful and profound reforms for the child welfare system, and responding to needs as they arise.

The time has come to transform our child welfare system into one that is trauma-informed and trauma-responsive. In a trauma-informed and trauma-responsive system, each organization and individual serving children and families recognizes and appreciates the impact trauma has on brain development, personal resilience, and family and individual recovery.

Although medical and mental health communities were familiar with the findings in the Adverse Childhood Experiences Study, which was first published in 1998, several years elapsed before child welfare fully digested the study's findings and implications. Now it is well-established and widely known that exposure to traumatic events—like abuse, neglect, and family violence—have lasting emotional and physical consequences. When unaddressed, exposure to traumatic events can lead to an endless cycle of harm.

In 2012, the Children's Commission published a first-of-its-kind Blueprint to help direct our state's efforts to improve education outcomes for children and youth in foster care. It was groundbreaking, as is this Blueprint for Building a Trauma-Informed Child Welfare System. The critical guidance provided in this Blueprint once again establishes Texas as a leader in charting a course to bring meaningful change to family and youth-serving systems that are immense, and quite often, incredibly complex.

Every child deserves a safe, stable, and permanent home. Appropriately addressing trauma is essential to rebuilding and supporting strong families, so they can pass on the tools for success to the next generation. The opportunity for transformation is before us and we must embrace it. The future of Texas depends on it.

A handwritten signature in black ink, reading "Nathan L. Hecht".

The Honorable Chief Justice Nathan L. Hecht
Supreme Court of Texas

A handwritten signature in black ink, reading "Eva M. Guzman".

The Honorable Justice Eva M. Guzman
Supreme Court of Texas

LETTER FROM JUDGE DARLENE BYRNE

Dear Colleagues,

As a parent of three wonderful children who are now adults, I am all too aware of how quickly childhood flies by. As a judge who has, since 2003, presided over thousands of cases involving abused and neglected children, I know vividly that working to secure safety and physical and emotional healing for these children is urgent—lest they miss out on a healthy, fun, safe, secure, and loving childhood.



I have been honored to chair Texas' Statewide Collaborative on Trauma-Informed Care and to have worked alongside many diverse, passionate professionals for countless hours as we developed and honed this roadmap. I believe the recommendations in this Blueprint create a call to action for Texas. We must become a state that builds upon the recognition that many of our children have been traumatized by abuse and neglect and we must continue to deploy a holistic array of trauma-informed and research-informed services and supports for these children and their families.

This is a big task, but Texans are known for going BIG. It is a courageous undertaking, but one that appropriately prioritizes Texas' children as our richest treasure. They are our future. I applaud my colleagues for drafting this Blueprint which is only the beginning of this journey. There remains much for Texas to do in order to deploy this work and put it into action. I know we can and we must because our children can't wait. They need our help now to heal from their trauma, so they can recapture the remainder of their fleeting childhood and grow into healthy and strong members of our community and future leaders of our state.

Let's get to work, Texas, to become a state that leads the nation in developing a system of trauma-informed care, so our children and families can thrive. Let's build a trauma-informed child welfare system as great as the State of Texas.

A handwritten signature in black ink that reads "Darlene Byrne". The signature is fluid and cursive.

The Honorable Darlene Byrne
Judge, 126th District Court

EXECUTIVE SUMMARY

In Texas and nationwide, there is increased awareness, research, and intentional intervention to address the impact of trauma on children, youth, young adults, and families that interface with the child welfare system, recognizing that the child welfare system is not synonymous with the child welfare agency. The Statewide Collaborative on Trauma-Informed Care (SCTIC) is a dedicated network of professionals and stakeholders invested in transforming the Texas child welfare system into a system that routinely views children and families as clients who have experienced traumatic events. The SCTIC also recognizes the deleterious impact of trauma on physical health, mental health, emotional well-being, child development, and interpersonal relationships. By shifting the paradigm from one that asks “What is wrong with you?” to “What happened to you?,” children and their families will experience a child welfare system that can better meet their needs.

From July 2017 to December 2018, over 100 SCTIC members from throughout Texas and various disciplinary backgrounds convened on multiple occasions to develop a cohesive statewide roadmap to help realize a Texas child welfare system that is trauma-informed and trauma-responsive.

The SCTIC formed four workgroups and each workgroup adopted an overarching goal to guide its efforts. The following four goals were established at the inception of this process:

- ▶ All children, youth, and families engaged with the Department of Family and Protective Services (DFPS) and young adults exiting DFPS custody are served by a trauma-informed and trauma-responsive child welfare system. (System Reform Workgroup)
- ▶ All children, youth, and families engaged with DFPS and young adults exiting DFPS custody are supported by a culture of trauma-informed care, practical training, and tools within the child welfare system. (Organizational Leadership Workgroup)
- ▶ All children, youth, and families engaged with DFPS and young adults exiting DFPS custody are served by multiple systems that collaborate to create consistent trauma-informed care and/or practice in all parts of their lives. (Cross-System Collaboration Workgroup)
- ▶ Trauma-informed and trauma-responsive interventions will be data-driven, effective, and sustainable. (Funding, Data, and Evaluation Workgroup)

Using these goals as a guide, workgroup members drafted objectives and strategies designed to support implementation and explain the vision for moving forward as a state. Workgroup members were given opportunities to vote on all proposed strategies developed by their respective workgroups. The strategies embodied in this Blueprint were vetted by a Steering Committee comprised of the Workgroup Chairs and staff from the Children’s Commission and DFPS.

The Steering Committee reviewed each of the strategies offered by the four workgroups, revised for overlap and consistency, and aligned them with one or more of the following Guiding Principles:



CULTURE: Texas will create a culture of trauma-informed care for all individuals and organizations that touch the lives of children, youth, young adults, and families while they are involved in the child welfare system.



COLLABORATION: A trauma-informed child welfare system requires collaboration within and across systems, organizations, and individuals.



EQUITY: A trauma-informed child welfare system is culturally competent and equitable.



YOUTH & FAMILY VOICE: A trauma-informed child welfare system includes and respects youth and family voice and cultivates resilience.



SECONDARY TRAUMA: A trauma-informed child welfare system recognizes and addresses secondary trauma.



TRAINING: A trauma-informed child welfare system recognizes that ongoing, quality training is fundamental.



INFORMATION SHARING: A trauma-informed child welfare system has information sharing capabilities that are accessible, manageable, innovative, and user-friendly.

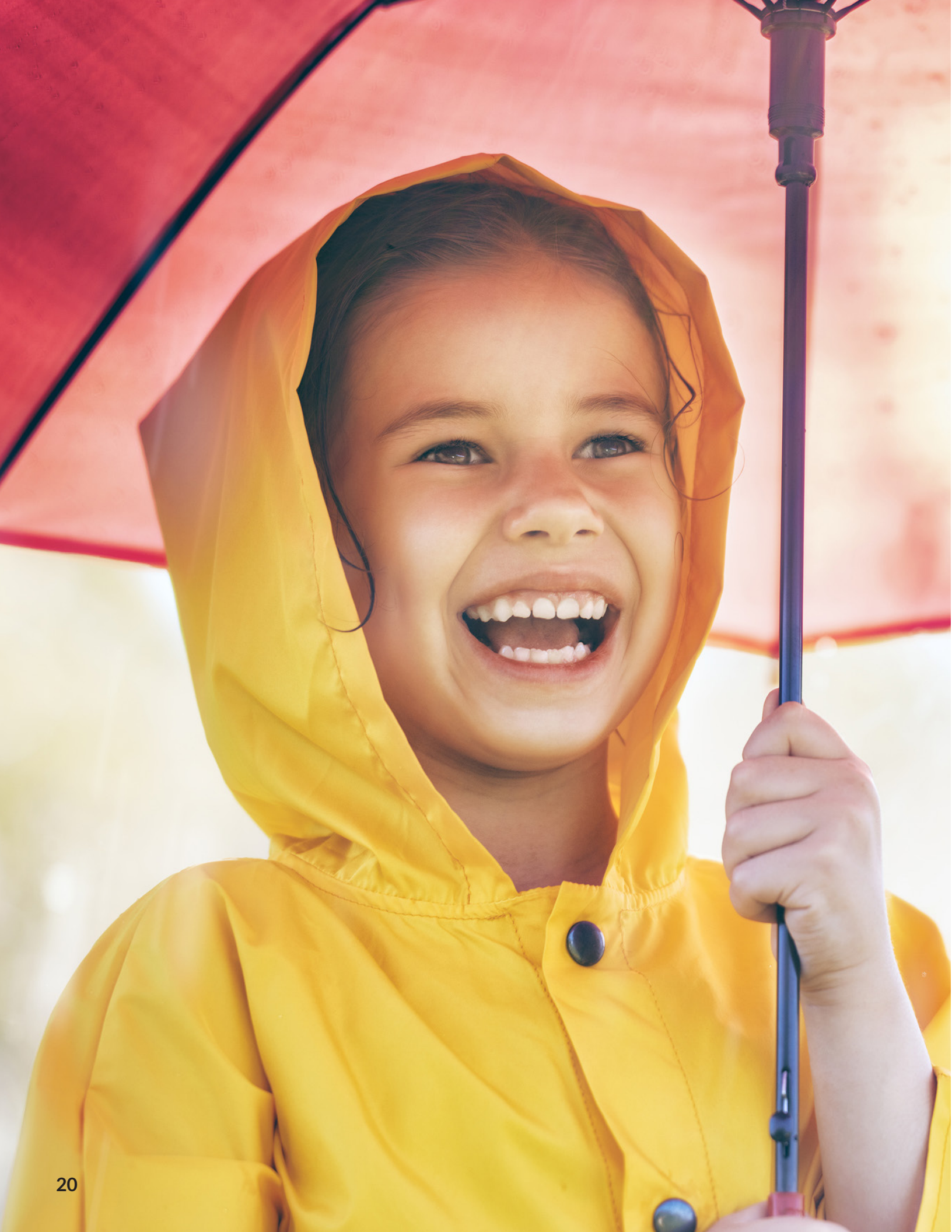


DATA: A trauma-informed child welfare system is informed by data and committed to continuous quality improvement.



FUNDING & SUSTAINABILITY: A trauma-informed child welfare system is adequately funded and sustainable.

The Blueprint is the result of extensive collaboration and a commitment to building a trauma-informed child welfare system in Texas, but it is just the beginning of a long-term implementation effort with continued dialogue, collaboration, and partnerships across systems. The strategies in the Blueprint range from short-term to long-term in duration and cover a wide breadth of topics and areas of focus. It can be used by a large statewide task force and by organizations and individuals working in the child welfare system. Texas will need to be flexible as laws, policies, and practices shift. While efforts were made to incorporate multiple and diverse perspectives, the Blueprint is not intended to be an exhaustive document. Rather, it is the foundation for the change that is needed to better serve Texas children and families involved with the child welfare system.



INTRODUCTION

The concept of trauma and the accompanying research have shifted the paradigm about the way in which systems, organizations, professionals, and caregivers approach and serve children, youth, young adults, and families who experience the child welfare system. The Substance Abuse and Mental Health Services Administration (SAMHSA) defines trauma as the result of “an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life-threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.”¹

When trauma is experienced during childhood, the ripple effect can be both swift and substantial. Replicated studies on Adverse Childhood Experiences (ACEs) demonstrate that childhood stress is linked to poor health outcomes, including obesity, diabetes, depression, heart disease, cancer, and stroke as well as alcohol and drug abuse, low graduation rates, and poor employment outcomes.² Undoubtedly, children and youth who experience abuse or neglect or interact with the child welfare system are vulnerable to trauma and our systems must respond to the needs of children and families through a trauma-informed lens. In doing so, serving children and families moves beyond responding to behaviors to promoting healing.

Replicated studies on Adverse Childhood Experiences demonstrate that childhood stress is linked to poor health outcomes, including obesity, diabetes, depression, heart disease, cancer, and stroke as well as alcohol and drug abuse, low graduation rates, and poor employment outcomes.

Background

In the past several years, there have been significant gains in the awareness and understanding about the impact of trauma on Texas children and families. Many communities in Texas have come together to elevate the issue of trauma-informed care. Although some individuals serving children and families have received training and guidance on this issue, other parts of the system lag far behind. What is lacking at present is a comprehensive, statewide plan to transform Texas into a state where children, youth, young adults, and families reap the benefits of interacting with individuals and organizations across systems that recognize the trauma they have experienced and make efforts to respond to their needs with that understanding.

The Children’s Commission offered to lead the SCTIC because the legal system is one of the main systems engaged in the lives of children and families with child welfare involvement. The National Council on Juvenile and Family Court Judges (NCJFCJ) recognizes that “courts and judges are uniquely positioned to identify those suffering from traumatic stress...[and] urges juvenile and family courts to be trauma-informed by engaging stakeholders—including children, parents, and other court consumers—to jointly develop and implement universal precautions at an environmental, practice, and policy level that limit stress often associated with system involvement or working within courts.”³ Similarly, the American Bar Association (ABA) “urges federal, state, local, tribal and territorial bar associations, working with judges, lawyers, and other professionals with subject matter expertise in trauma-informed systems of care, to develop and implement training programs for judges, child welfare attorneys, prosecutors, defense counsel, and law students that will enable them to integrate trauma knowledge into daily legal practice and integrate and sustain trauma awareness, knowledge, and skills in practice and policies.”⁴

Leadership from and partnership with the legal system is critical to implementing effective and meaningful trauma-informed care. In response to the emerging research and demonstrated value in adopting a trauma-informed approach, the Children’s Commission, through the SCTIC, sought to bring together the many voices and perspectives throughout Texas to help craft such a response.

Commonly Used Terms

There are various terms and concepts used uniformly throughout the Blueprint. For the purposes of interpreting the Blueprint, these terms are defined below.

- ▶ **Caregiver(s)** refers to an individual or group of individuals who care for the day-to-day needs of children, youth, or young adults in the managing conservatorship of DFPS. Caregivers include foster parents, kinship and fictive kin, and residential provider staff.
- ▶ **Client(s)** refers to any child, youth, young adult, or family member being served by the child welfare system and other systems while engaged with DFPS.
- ▶ **Children, Youth, and Young Adults** refers to any person under the temporary or permanent managing conservatorship of DFPS ages birth through 18 or any person over 18 in extended foster care.
- ▶ **Child Welfare System** refers to the various stakeholders dedicated to serving children and families involved with the child welfare agency. The system includes Child Placing Agencies (CPAs), service providers, caregivers, advocates, judges, attorneys, and many others.

- ▶ **Conservatorship** is a term used in Texas to describe care, custody, and control rights over a child in a case involving abuse and neglect. Foster care or substitute care are other terms used to describe the status of the child, youth, or young adult. (These umbrella terms are used to describe a living arrangement when the child, youth, or young adult is in out-of-home care, including care by a relative or fictive kin.)
- ▶ **Diverse Populations** include but are not limited to persons of color, citizens of tribal nations, people who identify as Lesbian, Gay, Bisexual, Transgender, or Questioning (LGBTQ), and people with Intellectual and Developmental Disabilities (IDD).
- ▶ **Families** include children, youth, and young adults as well as their biological or adoptive family members.
- ▶ **Individual(s)** referenced in this document are intended to describe all levels of organizational hierarchy from leaders to entry-level staff, as well as other system stakeholders.
- ▶ **Organization(s)** refers to a public or private entity that serves children and/or families in the child welfare system.
- ▶ **Provider(s)** refers to organizations that provide services to children, youth, young adults, and families involved in the child welfare system. This includes but is not limited to CPAs, general residential operations, and other service providers.
- ▶ **Re-traumatization** refers to the process of re-experiencing traumatic stress as a result of a current situation that mirrors or replicates in some way the prior traumatic experiences.⁵
- ▶ **Secondary Trauma** describes trauma-related stress reactions and symptoms resulting from exposure to another individual's traumatic experience. (Also referred to as "compassion fatigue" or "vicarious trauma.")⁶
- ▶ **STAR Health** provides medical and behavioral health services to children and youth in Texas foster care, at the time of this publication.
- ▶ **Texas Department of Family and Protective Services (DFPS)** is the state agency that protects children and vulnerable adults from abuse, neglect, and exploitation. DFPS is also referred to as the child welfare agency. In the Blueprint, any reference made to DFPS is a reference to its Child Protective Services (CPS) program, unless otherwise specified.



DEVELOPING THE BLUEPRINT

The SCTIC took on the challenge of developing a plan to transform the state into one that routinely and effectively provides trauma-informed care to children and families who experience the Texas child welfare system. Ultimately, the Blueprint's purpose is twofold: to provide structure for implementation and to invite innovation and improvement in the approach to trauma-informed care in both the public and private sectors. To be most effective, the Blueprint must be viewed as the beginning of a long-term implementation effort with continued collaboration, cross-system partnership, and evaluation. The children, youth, young adults, and families involved with the child welfare system should interact with organizations and professionals that see beyond the trauma in their lives and in doing so find ways to promote healing and resilience.

Building a Statewide Collaborative

Beginning in 2016, the Children's Commission partnered with the Meadows Mental Health Policy Institute (MMHPI) to canvas the availability and provision of trauma-informed care across various child and family-serving systems in Texas. MMHPI conducted an extensive literature review and key stakeholder interviews to assess current strengths and areas needing improvement in Texas.

The Children's Commission formed the SCTIC to create an environment where interested stakeholders from across the state could engage in dialogue and debate about this vital issue. The SCTIC was led from its inception by the Honorable Darlene Byrne, a long-time judicial leader on child welfare. The SCTIC convened its first meeting on July 28, 2017 to review the MMHPI Final Report on the landscape of trauma-informed care in Texas.⁷

Following the July 2017 meeting, the SCTIC adopted a charge to elevate trauma-informed policy and practice in and throughout the Texas child welfare system. To help achieve this charge, the SCTIC established four strategic workgroups:

- ▶ **Child Welfare System Reform**, chaired by Andy Homer, Texas Court Appointed Special Advocates (CASA);
- ▶ **Organizational Leadership**, chaired by Renee Encinias, Hope Rising Ministries;
- ▶ **Cross-System Collaboration**, chaired by Christine Gendron, Texas Network of Youth Services (TNOYS); and
- ▶ **Funding, Data, and Evaluation**, chaired by Katy Bourgeois, Mission Capital.

The workgroups met regularly for approximately a year to gather information on notable projects, distinguish best practices, and brainstorm solutions. A Steering Committee, comprised of each of the workgroup Chairs, as well as staff from the Children's Commission and DFPS, was formed to oversee workgroup progress and take a comprehensive approach to developing the Blueprint.⁸

Goals and Objectives for a Trauma-Informed Child Welfare System

In crafting the Blueprint, the SCTIC members recognized that broad, visionary goals are essential to planning, motivating, and accomplishing change. The SCTIC also recognized that strong objectives are critical in planning how to reform organizations, inspire leaders, and establish appropriate performance measures.

Between February and October 2018, workgroup members met 27 times to develop and refine the goals, objectives, and related strategies.⁹ This work culminated in a full SCTIC meeting on October 23, 2018. The goals and objectives included below lay the groundwork for the Guiding Principles and strategies that are needed to create a trauma-informed child welfare system.

GOAL: All children, youth, and families engaged with DFPS and young adults exiting DFPS custody are served by a trauma-informed and trauma-responsive child welfare system.

System Reform Workgroup

To ensure that all children, youth, young adults, and families are served by a trauma-informed and trauma-responsive child welfare system, there must be common definitions of trauma and trauma-informed care to create a shared understanding in the context of child welfare policy and practice in Texas. Beyond that, the child welfare agency, courts, and service providers within the child welfare system must embrace a commitment to trauma-informed and trauma-responsive practices by adopting appropriately incentivized policies, practices, and training requirements for all individuals who work with children, youth, young adults, and families. Of course, effective trauma-informed and trauma-responsive practices must be created in partnership with youth, young adults, and families with lived child welfare experience and delivered by organizations and programs in a manner that avoids re-traumatization of those being served.

The SCTIC determined also that integral to achieving this goal is promoting the use of a validated, standardized trauma screening tool at regular and documented intervals from the onset of a child welfare case until closure. As appropriate, considering federal and state confidentiality laws, utilization of a validated, standardized screening tool will ensure children, youth, young adults, and families are appropriately screened and/or assessed for trauma exposure. Shared information about a child, youth, or young adult's trauma should be used to educate, communicate, and advocate for the child, youth, or young adult's needs across settings. This information must also be used by caseworkers, service providers, attorneys, judges, and child advocates to inform their own understanding of the child, youth, young adult, and family trauma and trauma-related needs so that safety plans, service plans, permanency plans, and court orders for the child and family are appropriately tailored.

GOAL: All children, youth, and families engaged with DFPS and young adults exiting DFPS custody are supported by a culture of trauma-informed care, practical training, and tools within the child welfare system.

Organizational Leadership Workgroup

Leaders of child welfare organizations must create a culture of trauma-informed care in policy, practice, training, and tools for all individuals who engage with children, youth, young adults, and families while they are involved in the child welfare system. This includes a recognition that all children, youth, young adults, and families entering the child welfare system have experienced trauma and may continue to experience trauma. Additionally, appropriate trauma training must be required of any person who directly serves or advocates for children, youth, young adults, and families involved in the child welfare system.

It is critical that organizations recognize that caregivers and professionals may experience secondary trauma. Equally critical is ensuring that caregivers and professionals understand how their own life experiences will affect how they respond to trauma-related behaviors. Training must include information on how trauma may disproportionately impact diverse populations. Organizations should also promote the values of youth and family voice, self-advocacy, and meaningful partnerships between youth and adults in all aspects of the organization's mission and work.

GOAL: All children, youth, and families engaged with DFPS and young adults exiting DFPS custody are served by multiple systems that collaborate to create consistent trauma-informed care and/or practice in all parts of their lives.

Cross-System Collaboration Workgroup

The Blueprint is primarily intended to transform the child welfare system. However, children, youth, young adults, and their families often experience multiple systems while in foster care and it is critical that there is collaboration to improve service delivery across systems. Ideally, this collaboration will include regular contact and relationship-building within and across child and family-serving systems. Some of these systems include, but are not limited to, child welfare, juvenile and criminal justice, legal, law enforcement, medical and behavioral health (including substance use services and long-term care), education (including early childhood and special education), workforce, and housing.

Robust cross-system collaboration will provide consistency across child, youth, young adult, and family-serving systems to support effective information sharing, resource development, and tools to assist with systemic improvement on trauma-informed care and practice. Cross-system collaboration will also help identify opportunities to promote strategies to increase efficiencies and address gaps in trauma-informed policy, including training requirements, implementation, and practice in order to improve outcomes for children, youth, young adults, and families in a meaningful way.

An additional task the Cross-System Collaboration Workgroup undertook was to document trauma-informed care and a trauma-informed response as it currently exists in the various systems to better understand how the child welfare system and other key systems intersect. The workgroup devoted several months to creating an extensive crosswalk document. The crosswalk addresses questions for systems and settings that may be involved with children, youth, young adults, and families also engaged with the child welfare system. It was also noted that the crosswalk should document the services available to assist individuals with IDD, those who have experienced family violence, survivors of human trafficking, those who have experienced homelessness, military personnel and veterans, and others.

Many stakeholders invested significant time, energy, and resources to complete necessary research and analysis to populate the crosswalk and the crosswalk will be a valuable and useful tool to capture how trauma-informed care is interpreted and provided across Texas. However, it still requires considerable review and is also a living document that will need to be maintained for accuracy and updates. Although a draft crosswalk is not included in this Blueprint, refinement and finalization of the crosswalk will be a primary project that will flow from the Blueprint. Developing a plan to make the crosswalk publicly available will be a high priority of the Blueprint implementation stage.

GOAL: Trauma-informed and trauma-responsive interventions will be data-driven, effective, and sustainable.

Funding, Data, and Evaluation Workgroup

A data-driven approach must first clearly define and document the need for implementing trauma-informed care among individuals, organizations, and the child welfare system broadly. In order to continue reforming the child welfare system and sustain the reform effort, data gathered should measure the impact of adopting trauma-informed interventions and have the ability to be disaggregated based on many distinct measures. This includes disaggregation to examine disproportionality and disparities. Opportunities to sustain or scale trauma-informed interventions, as well as any need to adjust or discontinue ineffective interventions, must be recognized and acted upon to ensure the success and sustainability of the effort. Potential public and private funding strategies must be identified for communities and organizations that want to implement and sustain trauma-informed practices.

Strategies for a Trauma-Informed Child Welfare System

Each of the workgroups conferred several times to discuss strategies that aligned with its respective goal and objectives. The workgroups met either in person or by phone and discussed each proposed strategy in detail. After revisions, the proposed strategies were voted on by workgroup members using surveys. Although some members participated in multiple workgroups, each workgroup survey was independently administered through Survey Monkey. The only criteria to respond to the survey was participation in at least one call or meeting or offering strategy drafts or feedback to the workgroup. Each strategy had three potential responses: (1) Yes, I agree with the strategy, as written, (2) I agree with the concept only (do not agree with strategy as written), and (3) No, I do not agree with the strategy as written or the concept.

In addition to selecting one of the three responses above, some workgroup members provided written comments. Workgroup members were informed that the Steering Committee would take a holistic view of all the proposed strategies and make any necessary changes to develop a cohesive Blueprint. The Steering Committee reviewed strategies voted on by the workgroups under each goal discretely and then together, removed redundancies, standardized tone, language, and terminology, and incorporated suggestions from the survey commentary.

Guiding Principles for a Trauma-Informed Child Welfare System

After reviewing and editing the proposed strategies, the Steering Committee categorized each of the strategies into one or more of the nine Guiding Principles that emerged from this process. Once the strategies were organized by Guiding Principle, additional edits were made to address any overlap and inconsistency. On December 19, 2018, the Steering Committee finalized the strategies that are included in this Blueprint.

In the next section, the Guiding Principles of Culture, Collaboration, Equity, Youth and Family Voice, Secondary Trauma, Training, Information Sharing, Data, and Funding and Sustainability, together form the foundation for building a trauma-informed child welfare system. The strategies associated with each Guiding Principle are intended to steer Texas through this transformation irrespective of the changes that may emerge during implementation.

A close-up photograph of a person's hands holding a smooth, light-colored rock. The word "Hope" is engraved in a dark, serif font on the top surface of the rock. The person's arms are visible, extending from the top of the frame down to their hands. The background is a blurred, dark, pebbly surface, likely a beach or a rocky shore. The lighting is soft and natural, highlighting the texture of the rock and the skin of the hands.

Hope

GUIDING PRINCIPLES & STRATEGIES

-  1 Texas will create a **culture** of trauma-informed care for all individuals and organizations that touch the lives of children, youth, young adults, and families while they are involved in the child welfare system.
-  2 A trauma-informed child welfare system requires **collaboration** within and across systems, organizations, and individuals.
-  3 A trauma-informed child welfare system is culturally competent and **equitable**.
-  4 A trauma-informed child welfare system includes and respects **youth and family voice** and cultivates resilience.
-  5 A trauma-informed child welfare system recognizes and addresses **secondary trauma**.
-  6 A trauma-informed child welfare system recognizes that ongoing, quality **training** is fundamental.
-  7 A trauma-informed child welfare system has **information sharing** capabilities that are accessible, manageable, innovative, and user-friendly.
-  8 A trauma-informed child welfare system is informed by **data** and committed to continuous quality improvement.
-  9 A trauma-informed child welfare system is adequately **funded and sustainable**.



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Texas will create a culture of trauma-informed care for all individuals and organizations that touch the lives of children, youth, young adults, and families while they are involved in the child welfare system.

The key to creating and sustaining a trauma-informed and trauma-responsive child welfare system is adopting and nurturing a culture that integrates knowledge, belief, behavior, values, and goals affecting every level of service and care for the children and families who experience it. Being trauma-informed means asking, “What happened to you?” instead of asking “What is wrong with you?” This shift must occur in every part of the child welfare system ranging from statewide policies to courtroom practices to the day-to-day care of children. Altering how stakeholders in Texas’ child welfare system engage with children and families creates opportunities to improve outcomes and strengthen families. Identifying culture as the first Guiding Principle of the Blueprint is purposeful. It is foundational and the principle from which all other Guiding Principles in the Blueprint emanate.

A culture shift—moving from one belief system to another—requires working from a common understanding of the concepts of trauma and trauma-informed care. However, not all parts of the system operate in the same way. Distinct geographic areas, systems, organizations, and individuals may address trauma differently and therefore the implementation of trauma-informed care should be based on the specific needs of each community. Additionally, implementing trauma-informed care should consider the identities and experiences of the individuals and groups being served. For example, a survivor of human trafficking may have very specific therapeutic needs. The Blueprint is intended to reflect the broad consensus among members of the SCTIC that organizations must be able to adopt policies and practices that work for their clients, staff, and budgets.

Trauma-informed care is evolving across multiple fields that serve children and families. Therefore, the strategies proposed are not overly prescriptive to allow for individualization and innovation. There are nonetheless central concepts that are key to accomplishing the culture shift Texas seeks to support a trauma-informed and trauma-responsive child welfare system. To that end, children, youth, young adults, and families should experience an environment that promotes felt safety, relational connectedness, stability, and long-term well-being.



1.1 *Definitions of trauma and trauma-informed care should be adopted through a formal process to create a common understanding of a trauma-responsive child welfare system.*

Commentary: Each of the four workgroups discussed the need for Texas to use common definitions for trauma and trauma-informed care to form a baseline understanding across the child welfare system. Several currently used definitions and some newly formed definitions were reviewed and discussed by the System Reform Workgroup. Although there was no unanimity on which definitions to use, there was broad agreement that adopting common definitions through a formal process was a necessary next step to expanding trauma-informed care in Texas.

The most common definition of trauma, and one frequently discussed and agreed upon by the majority of the System Reform Workgroup, is the Substance Abuse Mental Health Services Administration (SAMHSA) definition:

Individual trauma results from an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or life-threatening with lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.¹⁰

As noted in the July 2017 MMHPI Report to the Children's Commission, the terms "trauma-informed care," "trauma-informed approach," and "trauma-informed system" are often used interchangeably to describe how care is delivered at the individual, organizational, or system level.¹¹ The System Reform Workgroup discussed definitions of "trauma-informed care" used by SAMHSA,¹² the National Child Traumatic Stress Network (NCTSN),¹³ the Texas Health and Human Services Commission (HHSC),¹⁴ and the Travis County Collaborative for Children.¹⁵ Terms are also often used without precision, thus complicating agreement on a definition of trauma-informed care. The System Reform Workgroup discussed the value in adopting a definition of trauma and trauma-informed care supported by a national organization such as SAMHSA or NCTSN, noting that consideration of federal funding opportunities may require a definition adopted broadly or nationally. The members also considered the benefit of a definition that evidences a more Texas-specific approach. There are pros and cons to both national and state-specific definitions. There was support for adopting a national definition but there was no consensus on this matter. It is anticipated that the Texas Legislature will weigh in on definitions for trauma and trauma-informed care during the 86th Legislative Session.

The System Reform Workgroup also addressed the process for adopting definitions. The main avenues discussed included adoption through statute or agency rulemaking. A minority of members preferred a legislative approach, holding the view that a legislative approach sends a stronger acknowledgement of the importance of the issue. A majority of members favored the rulemaking process, reasoning that it would provide greater flexibility and increased opportunities to gather public input.



There are various modalities of trauma-informed care. The System Reform Workgroup agreed that any definition developed should not promote any one model. Additionally, the Cross-System Collaboration Workgroup noted that the definitions may not be the same in other systems, such as medical and mental health, juvenile justice, and education systems.

Adopting definitions of trauma, trauma-informed care, and a trauma-informed system or approach requires additional collaboration, dialogue, and a diversity of perspectives. Definitions are also critical to creating a cohesive trauma-informed culture where all child welfare system stakeholders speak the same language. As a result, adopting a common definition through a formal process must be a top, urgent priority in Texas.

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1.2 Law, policy, practice, and/or professional standards should acknowledge that children, youth, young adults, and families in the child welfare system have experienced trauma, and may continue to experience trauma, and that the systems, practices, and programs that serve them should be trauma-informed.

Commentary: Shifting the culture of the child welfare system to one that is trauma-informed requires an acknowledgement that the children, youth, young adults, and families engaged with the child welfare system have almost certainly experienced trauma. Also, the potential for experiencing trauma within the child welfare system will be lessened if the system is trauma-informed. Becoming trauma-informed means viewing children and families through a trauma lens and offering responses that avoid traumatization and re-traumatization as well as developing pathways to recover from trauma. Acknowledgement of traumatic experiences must be accompanied with concrete changes to how individuals, organizations, and the overall system interact with children and families. It is also important that any acknowledgement not create a legal presumption or standard of care.

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- 1.3 **All child welfare system professionals should evaluate existing practices and policies with a trauma-informed lens and integrate improvements, as needed.**

Commentary: Changing a culture begins with a review of the current practices and policies being utilized to assess children and families and comparing them to a trauma-informed model. Also, considering life experiences and cultural backgrounds is key to fully understanding how trauma affects each individual, family, or community.¹⁶ Through a trauma-informed lens, policies and practices will promote positive outcomes for children, youth, young adults, and families.

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- 1.4 **Develop, adopt, and promote child welfare practices within and across systems that are informed by the perspectives and experiences of diverse populations impacted by the child welfare system.**
Cross-reference 3.1

Commentary: A fully trauma-informed system recognizes and includes the unique strengths and perspectives of diverse populations at every stage to ensure competent and appropriate delivery of services and interventions. For related discussion, see Strategy 3.1 (Equity).

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- 1.5 **Develop, adopt, and promote child welfare practices within and across systems that are informed by the perspectives of children, youth, young adults, and families with lived experience.**
Cross-reference 4.2

Commentary: How the child welfare system’s practices and policies affect children and families cannot be fully understood unless their points of view are considered. The input of the people most affected by the child welfare system must be included in the development of the trauma-informed care framework. The process of incorporating youth and family voice must be an ongoing endeavor and will look different across organizations. For related discussion, see Strategy 4.2 (Youth & Family Voice).

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1.6 Organizations should assess knowledge, readiness, capacity, and physical space to deliver services in a trauma-informed and trauma-responsive manner.

Commentary: Organizations should conduct an initial assessment of their programs, staff, and physical space, such as waiting rooms, visitation areas, and courtrooms, to determine what improvements are needed to become trauma-informed and trauma-responsive. After establishing a trauma-informed culture, organizations should reassess on a regular basis to identify needed improvements. Each entity should utilize an assessment that best fits their needs and capacity. Many assessments are available online, including the Organizational Self-Assessments (OSAs) and Performance Monitoring Tools (PMTs). ^{17,18,19,20,21,22}

1.7 Organizations should solicit feedback from employees, contractors, and clients about the organization’s responsiveness to the impact of trauma.

Commentary: An organization’s policies and procedures should be informed by and incorporate employee and client voices. Gathering insight and personal accounts regarding how an organization’s services, policies, physical space, and other aspects are experienced by staff and clients is essential to creating a system that is trauma-informed. Like the assessment mentioned in Strategy 1.6, this type of assessment should be done on a regular basis as part of continuous quality improvement. This is an ongoing, evolving process that requires a commitment to long-term effort, openness, and flexibility.

1.8 Trauma-informed principles should serve as the foundation of communication and interaction between trained professionals, children, youth, young adults, families, and their caregivers to promote healing and minimize re-traumatization and trauma triggers.

Commentary: What is said about children and families and how it is said can make a difference in how they perceive themselves and how others perceive them. Trauma-informed care is a strengths-based approach that should be utilized during communications, both verbal and non-verbal, with children and families as well as with fellow professionals.

1.9 When appropriate, trauma screening for adults and families should be incorporated into the existing services offered by the child welfare, human services, and behavioral health systems.

Commentary: Healing the whole family can create opportunities for connection, relationships, reunification, and prevention of future maltreatment. Trauma screenings for adults and family members involved in the child’s life can provide great insight into the most relevant and beneficial services for the family. A parent or family member should not be screened if it is inappropriate for the case, or if it is unnecessary or repetitive. In addition to screening the child, considering the entire family’s trauma history while maintaining confidentiality provides more context for supporting children and families.



1.10 *Service plans and court orders should be individualized to address the trauma-related needs of the children, youth, young adults, and family, promote healing, minimize re-traumatization, and ensure appropriate trauma-informed transitions over the duration of the case.*

Commentary: Judges, attorneys, caseworkers, services providers, and other advocates should ensure that safety plans, service plans, permanency plans, and court orders address specific needs resulting from the trauma experienced by children, youth, young adults, and/or families. Interventions to address trauma should not be provided unless there is an identified need. For example, a parent should not be ordered to attend a drug treatment program if they do not have a substance use disorder. Ensuring that an intervention is tailored to address a need will promote a more efficient use of scarce resources and reduce the likelihood that an intervention will cause re-traumatization.

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1.11 *Promote and support efforts to reduce the use of seclusion and restraint practices.*

Commentary: According to SAMHSA, “the use of seclusion and restraint can result in psychological harm, physical injuries, and death to both the people subjected to and the staff applying these techniques.”²³ The frequency of seclusion and restraint practices used in an organization is considered one indicator of how well an organization is implementing trauma-informed principles and practices. Children and youth who have experienced severe or complex trauma may exhibit high-risk behaviors, however, seclusion and restraint in response to these behaviors may cause additional trauma or re-traumatization. The goal for the Texas child welfare system and other child-serving systems should be to reduce the use of seclusion and restraint practices as much as practicable.

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1.12 *Organizations should promote staff and caregiver understanding of the necessity for continuing education in trauma-informed care and provide varied and frequent opportunities for them to strengthen their skills.*

Commentary: Being trauma-informed requires a systemic change involving not only an initial implementation of the policies and practices, but also ongoing, practical training and support to maintain a high level of care. There are many resources available to organizations promoting continued education on trauma-informed care, including a wide range of online and in-person trainings. Information on training opportunities should be available and accessible to all Texas stakeholders, such as through the web-based portal discussed in Strategy 7.2.

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1.13 *Use existing meetings and case conferences, as appropriate, to involve individuals from multiple systems who serve children, youth, young adults, and families. [Cross-reference 2.5](#)*

Commentary: A fully trauma-informed system recognizes that families engaged with DFPS are also often involved with other state agencies and systems, such as mental health, education, workforce, and others. A case conference or similar meeting allows professionals across systems to work together to solve problems and promote healing for a specific child and family. This can be accomplished by inviting all relevant individuals to an existing meeting or establishing a new meeting, as appropriate and not prohibited by law or confidentiality concerns.

Relevant information gained from a child’s trauma screening should also be part of discussion in case conferencing. Both a child’s trauma screening and his or her reactions to specific situations help to identify what may re-traumatize that child. All persons who receive this information should have training in understanding how a child’s exposure to trauma can affect his or her reactions and behaviors, thereby reducing and limiting traumatizing policies and practices that may further affect the child. Any privacy considerations should be resolved by a realistic analysis of relevant confidentiality laws and address any concerns through a Memorandum of Understanding (MOU) or other formal information-sharing agreement. For related discussion, see Strategy 2.5 (Collaboration).





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A trauma-informed child welfare system requires collaboration within and across systems, organizations, and individuals.

To serve traumatized children and families effectively, child and family-serving systems need to understand trauma and its implications for the health and well-being of the families being served.²⁴ The child welfare system should effectively coordinate with other child and family-serving systems including, but not limited to, juvenile and criminal justice, legal, law enforcement, medical and behavioral health (including substance use services and long-term care), education (including early childhood and special education), workforce, and housing.

Collaboration can be a difficult process. Challenges include different perspectives across disciplines of what trauma is and how it affects children and families, conflicting goals or priorities, funding constraints, and policies and practices that inhibit collaboration.²⁵ Overcoming these potential barriers and fostering cross-system relationships through a common trauma-informed framework will bolster each system's ability to respond to children and families in crisis.

Many collaborative efforts currently exist in Texas. Communities have formed collaboratives to bring local providers, agencies, and professionals together for learning, innovation, and problem-solving. Additionally, the main child-serving systems in the state have taken steps to becoming trauma-informed.²⁶ At both the state and local level, Texas is on the path to building partnerships and moving towards a trauma-informed child welfare system.



2.1 Enhance collaboration pathways within and across systems to promote information sharing and trauma-informed practice. *Cross-reference 7.1*

Commentary: When multiple systems, organizations, and individuals working with a child, youth, young adult, or their family are empowered with key information related to trauma, the benefits are universal. Shared information about trauma may be used to educate, communicate, and advocate for needs across settings. However, balance between information sharing and privacy is critical. Trauma history is highly personal and breaches of trust create potential for re-traumatization and should be avoided.

Relevant professionals across systems should establish and maintain relationships within the child welfare system and across other relevant systems to increase their ability to provide and receive pertinent client information. This approach will help facilitate a seamless, consistent response for service delivery across systems. It is important to build this foundation for collaboration statewide as well as the local community level. The YES Waiver program²⁷ and the WilCo Wellness Alliance²⁸ are two examples of collaborative efforts in Texas. For related discussion, see Strategy 7.1 (Information Sharing).

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2.2 Relevant government agencies should collaborate, communicate, and, when appropriate, jointly plan to include coordinated goals related to trauma-informed care within agency strategic plans and inter-agency agreements.

Commentary: In line with the call for a common definition of trauma and trauma-informed care, relevant government agencies should strive to coordinate efforts related to trauma-informed care and share resources to the greatest extent possible. Aligning agency goals and priorities may assist policymakers in supporting trauma-informed care more broadly. Moreover, coordinating goals through strategic plans and inter-agency agreements will promote information sharing among agency staff and potentially streamline services for children and families. A current example of this process is the Behavioral Health Advisory Committee under the Texas Health and Human Services Commission.²⁹

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2.3 Local communities should encourage multi-disciplinary collaborative groups to promote trauma-informed care in communities throughout Texas.

Commentary: Several collaborative groups who serve children and families are active across the state.^{30, 31} Existing multi-disciplinary groups should enhance their collaborative efforts and mentor other communities in developing similar collaborations. Multi-disciplinary groups should include voices from all individuals or organizations in the community including, but not limited to, representatives from DFPS, schools, courts, relevant nonprofit organizations, youth and families, and provider networks. Collaborative groups can be called upon to define and develop community goals, equip individuals and organizations with the necessary tools and training, and evaluate the success of the group’s efforts. Each group should customize their highest priorities and determine the most efficient use of the forum for their community.

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2.4 Organizations should identify opportunities to offer and participate in training within and across systems to encourage learning among collaborative professionals.

Commentary: Training across disciplines will enhance learning among professionals and strengthen collaborative relationships. Existing training opportunities should be leveraged to maximize resources and community level collaborative groups should use their membership to cross-train.

2.5 Use existing meetings and case conferences, as appropriate, to involve individuals from multiple systems who serve children, youth, young adults, and families. *Cross-reference 1.13*

Commentary: Cross-system case conferencing fosters communication and relationships which may be leveraged to promote trauma-informed approaches within and across systems.³² Current examples include Community Resource Coordination Group (CRCGs),³³ Family Group Conferences (FGCs), Circles of Support,³⁴ and Systems of Care and wraparound services.³⁵ For related discussion, see Strategy 1.13 (Culture).

2.6 Organizations and individuals within and across systems should coordinate to expand training and knowledge of all forms of traumatic experiences.

Commentary: Responding appropriately to certain types of traumatic experiences such as child sex trafficking and other forms of trafficking, incest, risk of suicide, and historical and race-based trauma, may require a specialized approach. Organizations with specialized knowledge and individuals with lived experience should collaborate within and across systems to inform training, policies, and practices. Additionally, the crosswalk discussed in the “Goals and Objectives for a Trauma-Informed Child Welfare System” section could be utilized to inform these efforts.

2.7 Recognize the need to systematically identify and address disproportionality and disparities within and across systems. *Cross-reference 3.2*

Commentary: Recognizing disproportionality and disparities is vital for both child welfare organizations and relevant systems not directly under the child welfare umbrella. Inclusion of persons from diverse populations and those with lived experience is necessary at every stage of the process to appropriately identify and address these issues. For related discussion, see Strategy 3.2 (Equity).

2.8 Identify and address the needs of diverse populations that are served within and across systems. *Cross-reference 3.4*

Commentary: In partnership with members of diverse populations with lived experience in child welfare, a crosswalk or system mapping tool should be used on a statewide, regional, and local level. The crosswalk discussed in the “Goals and Objectives for a Trauma-Informed Child Welfare System” section may be helpful in bringing multiple disciplines together to closely examine how trauma-informed care can appropriately address the needs of all populations served in the child welfare system.³⁶ For related discussion, see Strategy 3.4 (Equity).



3



A trauma-informed child welfare system is culturally competent and equitable.

There are a few definitions that provide context for the strategies in this section. Disproportionality means a particular race or cultural group is over-represented in a program or system. Disparity refers to differences in outcomes and conditions for some groups of people compared to other groups because of unequal treatment or services.³⁷ The term “diverse populations” is defined in the “Commonly Used Terms” section above.

Diverse populations are disproportionately represented and experience disparate outcomes in the child welfare system.³⁸ A trauma-informed child welfare system provides supportive and healing practices that are individualized, culturally responsive, and developmentally appropriate. Child and family-serving systems should seek to prevent, examine, and respond to trauma through a lens that ensures there are no gaps or outcome disparities. These systems should deliver fair and just distribution of resources. A trauma-informed child welfare system requires everyone in the system to assess whether policies and practices are culturally sensitive and are positioned to provide equitable services. Training must also include the basic concepts of equity, intersectionality of identities, the role of poverty, and how trauma can disproportionately impact diverse populations.

Organizations should appropriately respond to the diverse cultural and social needs of the populations being served. For instance, the Indian Country Child Trauma Center develops trauma-related treatment protocols, outreach materials, and service delivery guidelines specifically designed for American Indian and Alaska Native children and their families.³⁹

Additional research and development of culturally responsive trauma-informed care models is needed and should be done in partnership with individuals from diverse populations with lived experience.



- 3.1 **Develop, adopt, and promote child welfare practices within and across systems that are informed by the perspectives and experiences of diverse populations impacted by the child welfare system. *Cross-reference 1.4***

Commentary: Trauma-informed practices developed and used to serve diverse populations must be culturally competent and culturally responsive to appropriately meet the needs of the individuals being served. For related discussion, see Strategy 1.4 (Culture).

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- 3.2 **Recognize the need to systematically identify and address disproportionality and disparities within and across systems. *Cross-reference 2.7***

Commentary: It is well documented that children from diverse populations, specifically African American, Hispanic, and Native American children, are disproportionately represented in the child welfare system.⁴⁰ A truly trauma-informed system is not possible without recognizing and appropriately addressing the unique experiences of diverse populations, including historical and race-based trauma. For related discussion, see Strategy 2.7 (Collaboration).

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- 3.3 **Organizations should acknowledge the compounding impact of structural inequality.**

Commentary: Structural inequality is defined as a condition that arises out of attributing an unequal status to a category of people in relation to one or more other categories of people, a relationship that is perpetuated and reinforced by a merging of unequal relations in roles, functions, decision rights, and opportunities.⁴¹ When this inequality is built into an organization or institution, it has a compounding effect on the trauma experienced by individuals.

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3.4 Identify and address the needs of diverse populations that are served within and across systems.

Cross-reference 2.8

Commentary: Organizations should thoughtfully assess their client population and ensure that diverse populations experience appropriately tailored treatments that take into account relevant cultural and life experiences. Cultural competency assessments are available for individuals and organizations.⁴² Understanding how trauma affects a specific individual, family, and/or community is a vital process both for child welfare organizations and relevant systems. It is also important for individuals to be aware of how their own life experience and cultural background impacts how they provide services to children and families. For related discussion, see Strategy 2.8 (Collaboration).

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3.5 Organizations should include or develop training that includes basic concepts of equality versus equity, intersectionality of identities, the role of poverty, and various types of disproportionate and disparate impact on diverse populations.

Commentary: The child welfare system cannot be trauma-informed unless it is also culturally competent. A key to achieving cultural competency is ensuring that system partners are trained. The foundational elements of cultural competency training must include the concepts stated in this strategy. Equality is treating everyone the same, whereas equity is treating everyone fairly. Intersectionality is a concept that identity encompasses race, sexual orientation, gender identity, geographic location, nationality, immigration status, language, and other individual characteristics. For further discussion, see Strategy 6.2 (Training).



4



A trauma-informed child welfare system includes and respects youth and family voice and cultivates resilience.

Child welfare system practices and policies cannot be fully trauma-informed without incorporating the perspectives of the children and families served.⁴³ Effectively implementing trauma-informed care means including youth and family voice in all aspects of an organization's culture. Efforts to engage children, youth, young adults, and their families in this implementation should be made on a regular and ongoing basis. While hearing the voices of all children and families is important, it is especially important for youth and young adults. Older youth and young adults consistently state a desire to have input into the direction of their case and the services they receive.

Children and families should be recognized as experts on their own experiences which in turn may help them build resilience and maintain healthy relationships. The Administration for Children and Families defines resilience as "the ability of individuals to not succumb to adverse experiences and is the typical response to adversity."⁴⁴ Each person's response to traumatic experiences is different and so too is their recovery process. Although caregivers serve a particularly critical role in helping children and youth recover from trauma, all organizations and individuals in the child welfare system must play a part in creating an environment that fosters resilience. A trauma-informed system not only addresses the root of an individual's trauma but seeks to help children and families live resilient lives.



4.1 *Child welfare system leaders should commit to incorporating child, youth, young adult, and family voice in policy decisions, service planning, and practice.*

Commentary: Who exactly is consulted and included in the process of creating policies and practices will look different across the child welfare system. Organizational leaders should regularly include the perspectives of their clients in the development of policies and practices and the revision process. Facilitating opportunities for meaningful youth and family voice and fostering strong youth-adult partnerships may require organizational culture change.

Youth engagement strategies can be as simple as facilitating a focus group or conducting a survey with clients. Other youth engagement strategies may require longer-term decisions and investments, such as hiring young adults with lived experience to serve in peer support roles.⁴⁵ System leaders can connect with parent and kinship collaborative groups to gather feedback and solicit input.⁴⁶

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4.2 *Develop, adopt, and promote child welfare practices within and across systems that are informed by the perspectives of children, youth, young adults, and families with lived experience.*
Cross-reference 1.5

Commentary: There are multiple mechanisms or vehicles that organizations can use to engage the voice of stakeholders with lived experience in shaping organizational policy and practice. Examples include informal methods such as a suggestion box, formal methods such as satisfaction surveys, as well as focus groups, physical walk-throughs of organizational environment, and installing an oversight and advisory structure within the organization. Also, community collaborations and intentional relationships among organizations that serve children, youth, young adults, and families can benefit from youth and family voice. Likewise, cross-system collaboration efforts should encourage other systems to include youth and family voice in their processes. For related discussion, see Strategy 1.5 (Culture).

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- 4.3 ***Organizations should provide training on how to elicit and incorporate developmentally appropriate opportunities for children, youth, and young adults to participate in decision-making regarding their care and permanency outcomes.***

Commentary: Empowerment, voice, and choice are key principles to a trauma-informed child welfare system.⁴⁷ Organizations should provide ongoing training to professionals and caregivers on how to appropriately involve children, youth, and young adults in decisions about their care, living arrangements, and future planning. Empowering clients to find and use their own voices as self-advocates will support the healing process and develop resilience.

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- 4.4 ***As appropriate, educate older youth and young adults about the impact of trauma on physical and behavioral health outcomes, and empower them with trauma-informed self-care and advocacy skills.***

Commentary: In the medical context, engaging patients in their treatment planning and decisions can help them manage their own care more effectively, recover more quickly, and improve relationships with their doctors.⁴⁸ A parallel approach may be applied in child welfare to help older youth and young adults benefit from a deeper understanding of the impact of trauma on their physical and behavioral health.⁴⁹ For example, this can be done as a part of the transition services for older youth by encouraging youth to become their own medical consenters, and by training caregivers on how to best educate youth on this topic.⁵⁰ A decision to educate a youth or young adult on the impact of trauma and on becoming their own medical consenters should be evaluated on a case-by-case basis to ensure each youth is developmentally ready for the information and responsibility.



5



A trauma-informed child welfare system recognizes and addresses secondary trauma.

Secondary trauma, sometimes referred to as vicarious trauma or compassion fatigue, is a term used to describe “trauma-related stress reactions and symptoms resulting from exposure to another individual’s traumatic experiences, rather than from exposure directly to a traumatic event.”⁵¹ Secondary trauma can negatively impact the performance and retention of child welfare staff and caregivers and lead to poor outcomes for the children and families served.⁵²

Every individual working within or across the systems that serve children, youth, young adults, and families is likely to be affected by secondary trauma.⁵³ Therefore, building a trauma-informed child welfare system requires investing in the well-being of administrative staff, attorneys, behavioral health workers, caregivers, caseworkers, educators, family members, judges, court staff, volunteer advocates, and others who work closely with families involved with the child welfare system.

Secondary trauma impacts both individuals and organizations.⁵⁴ Organizational leaders should foster culture and physical work spaces that are trauma-informed to address client, staff, and caregiver well-being. A trauma-informed child welfare system recognizes the essential need to dedicate time and resources to the health, well-being, and resilience of those working with children, youth, young adults, and families so they can serve them better.⁵⁵



5.1 *The wellness of individuals who work with or care for children, youth, young adults, and families should be a key component of a trauma-informed child welfare system.*

Commentary: The well-being of individuals working with children and families should not be an afterthought. Rather, it is critical to achieving better outcomes, lowering costs, and improving experiences for those served. Organizational leaders should implement policies and practices to promote wellness and address secondary trauma. Strategies for mitigating the effects of secondary trauma may include encouraging general wellness, supporting “mental health days,” offering respite care, keeping workloads manageable, and fostering a culture of work-life balance.⁵⁶ Leaders can also incorporate wellness activities into meetings, daily routines, newsletters, and other communication tools.⁵⁷

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5.2 *Organizations should utilize assessment tools to evaluate the work environment and its impact on employee wellness as it relates to secondary trauma.*

Leaders should select assessment tools that best fit the needs of the organization. An example of an assessment tool is the Secondary Traumatic Stress Informed Organization Assessment Tool (STSI-OA).⁵⁸ Once an initial assessment is conducted, organizations should create action plans for addressing organizational culture and wellness.

In developing an action plan, organizations need to balance desired, optimal outcomes with available resources. Leaders should ensure an action plan is realistic and co-created with input from staff, children, families, and caregivers. Key elements of an actionable plan to promote worker wellness and mitigate secondary trauma might include elements such as:

- ▶ Trauma-informed supervision (as a model that can be used across teams, and not just clinical supervision);⁵⁹
- ▶ Use of standardized or other tools to assist workers in measuring secondary trauma;
- ▶ Commitment to supporting staff to create self-care plans with identified strategies to provide and/or access needed resources; and
- ▶ Commitment to addressing organizational culture and implementing practices that can prevent and mitigate secondary trauma.

The National Child Traumatic Stress Network has several additional resources about secondary trauma for organizations and individuals.⁶⁰



5.3 Organizations should make a self-assessment of secondary trauma available to individuals who work with or care for children, youth, young adults, and families in the child welfare system.

Commentary: Self-assessments should be available but never required as there is a potential for re-traumatization to an individual taking the assessment. A commonly used self-assessment is the Professional Quality of Life Elements Theory and Measurement (ProQOL).⁶¹ Individuals who complete a self-assessment should be provided support by their organization to make personal action plans to address any trauma and prevent future trauma.

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5.4 Organizations should provide training and resources that support caregivers and staff, cultivate resilience, and mitigate the impact of secondary trauma.

Commentary: Information on secondary trauma should be a part of any initial training on trauma-informed care and included in ongoing trainings. In designing or implementing trauma trainings, including secondary trauma information demonstrates that the organization values staff and caregiver well-being as much as the well-being of those being served.⁶²

Organizations should provide easily accessible resources that counteract the effects of stress. Some examples are creating peer-to-peer support groups who meet at convenient times and locations for the intended audience, free health and wellness activities (such as yoga and exercise programs), training on psychological first aid, and facilitating check-ins with a supervisor focused on the staff or caregiver's mental well-being.⁶³



6



A trauma-informed child welfare system recognizes that ongoing, quality training is fundamental.

A well-trained workforce and caregiver community are crucial to transforming the Texas child welfare system. Further, it is essential that Texas prioritize training all leadership, staff, substitute caregivers, professionals, and families of origin on the basic concepts of trauma, its impact on behavior, and how to appropriately and effectively respond, nurture, and empower children, youth, young adults, and families to heal. Strong efforts should be made to train caregivers, including foster parents, kinship providers, and families of origin, who have the most direct contact and influence in a child's life.⁶⁴

Trauma-informed training should be high-quality, culturally competent, and reflected in organizational culture. An individual's role in the child welfare system will dictate how much and what type of trauma training is appropriate. All roles are important and each individual can help children and families heal. For instance, in clinical settings, non-clinical staff often interact with clients and can help them feel safe and welcome.⁶⁵ Additionally, educators who spend large amounts of time with children and youth engaged in the child welfare system would benefit from trauma-responsive teaching techniques.

Training should be culturally appropriate for the children, youth, young adults, and families being served by an organization and emphasize the importance of listening to clients and providing space for their voices in the healing process. Training should address how to create a healthy work environment and support the well-being of staff. Preparing the child welfare system to be trauma-informed will take efforts at the state, regional, and local community level.



6.1 DFPS, organizations, and individuals should undertake multi-level trauma training specific to the role of the individual and in relation to the children, youth, young adults, and families served.

Commentary: While training is essential to building a trauma-informed child welfare system, not all individuals working with children, youth, young adults, and families will need the same level or type of training. Therefore, DFPS, organizations, and individuals should implement and access trauma training that is most appropriate for an individual’s role in the system. For instance, the receptionist at a drug treatment program does not need extensive clinical training but should receive training on the basic concepts of trauma and appropriate communication skills as he or she is often the first point of contact with the organization.

Individuals who should receive training include but are not limited to caseworkers, judges hearing child welfare, juvenile justice, and criminal matters, DFPS attorneys, attorneys ad litem, guardians ad litem, CASA, relevant court staff, caregivers (including substitute, kinship, and families of origin), child placing agency staff, residential child care providers, medical and mental health professionals and associated staff, educators and support staff, and juvenile justice leaders and staff.

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6.2 Trauma training should be developed and implemented in a manner that:

1. *is accessible, strengths-based, and empowering;*
2. *includes tools for practical application;*
3. *ensures consistency, compliance, effectiveness, and quality service delivery;*
4. *aspires to fidelity to a research-informed model;*
5. *acknowledges and addresses principles of equity;*
6. *addresses resilience, youth self-advocacy, and youth and family voice;*
7. *recognizes a child’s age and is developmentally appropriate;*
8. *minimizes re-traumatization; and*
9. *includes information about recognizing the impact of adverse childhood experiences (ACEs), trauma exposure, triggers, and secondary trauma.*



Commentary: The SCTIC workgroups held extensive discussion on the elements needed for trauma-informed care training. There was a consensus that no one model or program for trauma-informed care should be promoted by the SCTIC so that organizations could adopt practices that best fit their needs and resources. However, there are foundational elements that any organization should include when developing its trauma training program, including:

1. Training should be easy for individuals to access and understand. In-person training is preferred but there are many online training opportunities for organizations and individuals. For instance, NCTSN and STAR Health have an online training database that is accessible by anyone.^{66,67} Caregiver training should be offered in preferred languages and at convenient times and locations to increase participation. Trauma trainings should be founded in a strengths-based model that empowers both the clients and those providing trauma-informed care.
2. Participants should acquire tangible skills for addressing trauma-related behaviors. Training should provide real life examples of what trauma-informed care looks like during interactions with children, youth, young adults, and families.
3. Organizations should implement training programs in a manner that increases the likelihood that trauma-informed training will be retained and practices will continue after the initial training. Organizations should establish procedures to ensure that staff implement the trauma training into practice and gather data to help determine how well the organization's trauma program is working with their client population. As mentioned in Strategy 1.6, organizations should conduct periodic assessments to identify areas that need improvement and revise training standards as needed. Trauma-informed care requires ongoing training to refresh practices and knowledge as well as allow for innovation in the field.
4. When possible, organizations should adopt trauma-informed models that are supported by research and provide evidence of success in healing trauma in children, youth, young adults, and/or families. Implementing research-informed models may not always be possible due to lack of available resources and/or lack of appropriate models for the clients served. Several online resources relevant to child welfare are available to assist in identifying research-supported practices. For example, the California Evidence-Based Clearinghouse has a searchable database of programs for consideration and guides for implementation.⁶⁸
5. Training should address how trauma can disproportionately impact diverse populations and include information about equality versus equity, the role of poverty, and various types of vulnerability and oppression. Other considerations include the intersection of trauma with culture, history, race, sexual orientation, gender identity, geographic location, nationality, immigration status, and language. Training must assist each attendee in examining their own identity, power, and limitations so that they are better equipped to effectively work with diverse groups of children, youth, young adults, families, caregivers, and colleagues. Organizations are encouraged to seek out existing training resources and integrate them to meet their organizational needs.



- 6. Training should address the importance of listening to and including children, youth, young adults, and families in decisions that impact their lives. Allowing their voices to be heard will improve their feelings of safety and empowerment and strengthen resilience. Training should include concepts of shared decision-making, choice, and goal setting when appropriate to cultivate self-advocacy skills. Organizations and individuals must see themselves as facilitators of trauma recovery instead of gatekeepers of recovery.⁶⁹
- 7. Training should include information that is relevant to the age group and developmental stage of children served. For example, individuals working with and caring for youth and young adults should receive training on adolescent brain development, inclusion of youth voice, the transition to adulthood, and/or other topics that are research-informed and are specific to working with youth and young adults. The child welfare system has a special obligation to young adults turning 18 years old while in foster care to ensure they transition to adulthood with the necessary skills to lead productive and healthy lives.
- 8. Training should include information about how organizational or individual practices can trigger painful memories and re-traumatize a client. For example, individuals who provide services to children who have been sexually abused should have training on the effect of restraints and seclusion practices. Training on minimizing re-traumatizing practices will help avoid interference with the healing and recovery process.⁷⁰
- 9. Training should include information about adverse childhood experiences, trauma exposure, and the potential effects of trauma exposure on children and adults across their lifespans. Assessing one’s own trauma history and how it relates to one’s ability to build healthy, nurturing, trustworthy, healing, and sustained relationships with children is essential. Information should be provided on the significance of trauma triggers and how to recognize and respond appropriately to trauma-related behaviors. Training should include information on the potential for individuals working with children, youth, young adults, and families in the child welfare system to experience secondary trauma and provide tips for preventing and addressing the effects.

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6.3 *Incentivize or promote the adoption and implementation of trauma training appropriate to individuals, groups, organizations, and systems that serve children, youth, young adults, and families through statute, rule, contract, or professional standard.*

Commentary: Texas should consider how to provide incentives to organizations who adopt trauma-informed care training and practices, including performance-based contracts. Licensing boards should consider integrating trauma-informed care concepts into standards of practice. Additionally, professional organizations should encourage members who work with children, youth, young adults, and families in the child welfare system to receive training on trauma-informed care specific to their profession.

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6.4 Leverage training and technical assistance programs available through existing networks to provide training on trauma-informed care across systems.

Commentary: There are many existing state, regional, and local public and private networks that can provide trauma training and technical assistance to organizations and individuals in the child welfare system and other systems. Interested stakeholders also can pool resources to provide training. Existing communication channels can share practice tips and reminders about trauma behaviors, the impact of trauma, and other trauma-related topics.

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6.5 Staff utilized or employed by foster care providers and other residential care providers should be trained on the impact of trauma before having unsupervised direct contact with children, youth, and young adults.

Commentary: Staff turnover in the child welfare system is unavoidable. Child welfare system leaders should establish policies that ensure staff utilized or employed by foster care or residential care providers are trained on the basic concepts of trauma and its impact before having direct contact with children, youth, and young adults without a supervisor present. This will ensure newly hired staff is better equipped to handle trauma-related behaviors and may improve staff retention.

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6.6 Encourage Texas institutions of higher education and professional associations to provide trauma-informed care training to students and professionals in relevant fields.

Commentary: In addition to training the current workforce, all undergraduate, masters, and doctorate students planning to enter child-serving professions or professions that may regularly interact with children and families in child welfare should receive training on trauma and trauma-informed care. Fields include but are not limited to child welfare, counseling, education (including administration, early childhood, and special education), juvenile justice, law enforcement, medicine, psychology, social work, and other social services fields.

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6.7 Organizations should offer ongoing support to staff and caregivers to implement what they learn in training.

Commentary: Maintaining a trauma-informed care environment requires ongoing training to refresh practices and knowledge as well as to introduce new ideas. Technical assistance and practical trainings on handling trauma-related behaviors should be provided regularly to staff and caregivers, including kinship care and families of origin, when appropriate. Information on secondary trauma and self-care should also be included in ongoing training. Organizations may incorporate trauma trainings into regularly scheduled meetings and provide newsletter updates with trauma-informed care information. Training sessions can be recorded and available for replay to allow for easier access.⁷¹



7



A trauma-informed child welfare system has information sharing capabilities that are accessible, manageable, innovative, and user-friendly.

An important component to building a statewide trauma-informed child welfare system is ensuring that those who work in the system and caregivers have accurate and useful information about the children, youth, young adults, and families served. In this Blueprint, information refers to individual case assessments, relevant medical records, and other documentation needed to provide quality care for children and families. It also includes large-scale educational training and awareness materials, such as general information about trauma and how it affects child and adolescent development.

Information sharing has implications both on an individual level as well as on a larger system level. There are many stakeholders within the child welfare system who need trauma-related information on an individual level, including attorneys and guardians ad litem, volunteer advocates, child placing agencies, and caregivers. However, the need for improved information sharing also applies to organizations and sectors within related systems not directly under the child welfare umbrella, including the education, healthcare, and behavioral health systems, among others. Stakeholders within and across systems are best equipped to respond to children when they have access to relevant information.

Texas can improve access to general information on trauma and trauma-informed practices through a Texas-specific website that can also serve as a clearinghouse for trauma-informed care policies, practices, training opportunities, organizational change, and system successes and challenges. As appropriate and allowed by rule or law, promoting the sharing of and easier access to information while fostering collaborative relationships among professionals and caregivers will improve the overall service delivery and potentially improve outcomes.



7.1 Enhance collaboration pathways within and across systems to promote information sharing and trauma-informed practice. *Cross-reference 2.1*

Commentary: All participants benefit when the multiple systems, organizations, and individuals working with a child, youth, young adult, and their families have access to relevant information. Child welfare professionals should establish and maintain relationships within sectors of the child welfare system and across relevant systems to increase their ability to provide and receive pertinent information. It is important to build this foundation for collaboration at both the state level and local level.

Shared information about the trauma experienced by children, youth, young adults, and families can be used to educate, communicate, and advocate for their needs across settings. It is critical that state and federal confidentiality and privacy laws be considered. Identifying individuals who “need to know” and ensuring precautions are communicated in a way that maintains the trust of the child, youth, young adult, or family member is integral to being trauma-informed. For related discussion, see Strategy 2.1 (Collaboration).

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7.2 Support creation of a web-based portal and clearinghouse that can serve as a primary source of relevant information and training on trauma-informed care and practices for all individuals, groups, and systems that work with children and youth in the child protection system in Texas.

Commentary: Information sharing was identified as one of the biggest barriers to implementing change; it was a common theme among all four workgroups. Texas has a critical need for a web-based portal that will serve as an information and communication tool for the many stakeholders engaged with the child welfare system.

The portal could serve as an information hub by providing basic information on trauma and secondary trauma, organizational resources, quality training resources, and other relevant information for implementing a trauma-informed practice. Information categorized by discipline, role, region, community, or system could help individuals navigate what exists and what is most tailored to meet specific needs.

The statewide portal could host assessments and possibly serve as a single point for data entry. Data should be collected and stored in a manner that provides the assessment results directly to the organization as well as generating information on the number of participating organizations that are trauma-informed in a community and the state. Additionally, this portal could provide an online collaborative forum for stakeholders in the child welfare system to use after they receive initial training and to discuss specific ideas and tools for implementing trauma-informed care.

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7.3 Encourage the creation of learning collaboratives in communities to share information, training, and tools to become trauma-informed or enhance trauma-informed practices.

Commentary: Community-level learning collaboratives will facilitate relationships within child welfare organizations and across other local systems. Learning collaboratives can be used to pool training resources and exchange ideas and practice tips among professionals. Learning collaboratives can also help address an issue the community is facing such as disproportionality or disparities. Learning collaboratives can help facilitate uniform data collection and sharing to better assess the impact of trauma-informed care. At present, there are several active regional collaborative groups across the state and their structures could be leveraged to help launch new collaboratives.^{72,73,74}

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7.4 Promote collaboration between DFPS and other systems and organizations to leverage and enhance data collection and reporting processes to allow for tracking of child-level outcomes.

Commentary: Regular collaboration can help DFPS and relevant organizations establish standard practices for data utilization as well as more uniform data collection, analysis, and reporting statewide. Consistent data processes will facilitate the measuring of progress towards trauma-informed practices among local, regional, and statewide organizations. In addition to disaggregating data by provider and community, there should be capability to compare the outcomes of diverse populations to the general child welfare population.

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- 7.5 ***As appropriate and allowed by rule or law, organizations, including DFPS, should share information with other organizations, providers, and advocates serving children, youth, young adults, and families in the child welfare system.***

Commentary: Understanding a child’s trauma history is important for those providing services to the child and reducing re-traumatization. DFPS and other organizations should attempt to provide pertinent information to those individuals caring for children in foster care, including, but not limited to, caregivers, advocates, attorneys, judges, and medical and mental health professionals. Information must be shared in accordance with law, rule, and policy to preserve confidentiality. Appropriate information sharing includes limiting recipients to only those who truly need the information.

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- 7.6 ***Enhance understanding of how to utilize available trauma-related information about children and youth to better inform all foster care placement decisions.***

Commentary: As important as it is for the appropriate individuals to have trauma-related information about children and youth, it is equally important to understand how to use the information to make better decisions for their care. Children and youth are often removed from a placement due to trauma-related behaviors that a caregiver is untrained to appropriately address. Individuals who make placement decisions should have access to information and tips for how to integrate knowledge about a child or youth’s exposure to trauma in placement decisions. If a child or youth has an existing Child and Adolescent Needs and Strengths assessment, it should be reviewed prior to any placement change along with other pertinent trauma-related history.

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- 7.7 ***Increase knowledge and appropriate use of the Child and Adolescent Needs and Strengths (CANS) assessment and its application within and across systems.***

Commentary: The Texas CANS 2.0 is a comprehensive trauma-informed behavioral health assessment intended to promote communication within a child’s care team, prevent duplicate assessments by multiple parties, decrease unnecessary psychological testing, aid in identifying placement and treatment needs, and inform case planning decisions.⁷⁵ It is required to be completed for children ages 3-17 within 30 days of entering care and on an annual basis while they remain in conservatorship, or more frequently as appropriate. The Texas CANS 2.0 includes a trauma screening domain and individualized service and support recommendations based on the child’s needs and strengths, including trauma-specific therapy and treatment when indicated. Completed CANS 2.0 assessments automatically populate into a child’s record into the electronic health information portal managed by the STAR Health Managed Care Organization (MCO).



Caseworkers, medical consenters, STAR Health providers, CASA advocates, and caregivers have access to the CANS assessment for a child or youth through the electronic health information portal. Efforts should be made to educate these individuals on the best way to access and use the information contained in the CANS. It should be noted that the CANS is not the only trauma assessment tool utilized but is a common form used among most children, youth, and young adults in care. Other trauma screenings and assessments may be more appropriate for an individual.

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7.8 *Increase knowledge and appropriate use of the STAR Health electronic health information portal.*

Commentary: At the time of this publication, the STAR Health MCO is Superior HealthPlan, and the electronic health information portal is the Health Passport.⁷⁶ The Health Passport is not a complete electronic medical record, though it serves as a central location for a child’s health information, such as medications, medical and behavioral health visits, lab results, and the CANS assessments. This information can be useful in making treatment, placement, school-related, and other important decisions on behalf of a child, youth, or young adult engaged with DFPS. The STAR Health MCO, DFPS, and collaborative partners should make efforts to increase knowledge about and appropriate use of the Health Passport and the information contained therein.

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7.9 *Through the STAR Health provider, track whether medical and mental health professionals who provide services to children, youth, and young adults in foster care have training in research-informed trauma-informed care and practice.*

Commentary: It is important for children who have experienced trauma to receive appropriate trauma-informed medical and mental health treatment. Caregivers responsible for arranging such treatment must have information about the credentials of medical and mental health professionals when searching for the appropriate provider. Currently, a provider search option is available through Superior HealthPlan.⁷⁷ All medical and mental health professionals who have completed training in trauma-informed care and practice through Superior HealthPlan are tracked on the website. Superior HealthPlan relies on self-reporting by providers regarding trauma-informed training. All providers who participate in STAR Health should be encouraged to document completed research-informed trauma-informed training and credentials and self-report the information so that Superior HealthPlan can include that provider on the website.





A trauma-informed child welfare system is informed by data and committed to continuous quality improvement.

An essential component of being trauma-informed is using data to drive decision-making and evaluating outcomes for the children, youth, young adults, and families involved with the child welfare system.

Qualitative and quantitative data can be used to identify opportunities to sustain or scale trauma-informed interventions, or alternatively, to adjust or discontinue ineffective practices.

Effective data collection serves multiple purposes in the development of a trauma-informed child welfare system. Data collected on diverse populations can encourage greater cultural competency and support efforts to achieve equity in the child welfare system. Data collection and analysis can also inform public and private funding opportunities. Further, if shared across systems, data can have wide-ranging implications for other child-serving systems.

Texas should adopt or identify a suite of assessment tools for organizations to use based on their respective role to facilitate consistent statewide data collection to improve the lives of children, youth, young adults, and families.



8.1 Organizations should use strategic planning and continuous quality improvement to ensure policies and practices are trauma-informed.

Commentary: Creating a trauma-informed child welfare system requires strategic planning to ensure all individuals within organizations share a common vision. Strategic plans should be data-driven and reviewed periodically for continuous quality improvement.

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8.2 Promote and increase utilization of tools that screen children, youth, young adults, and their families for trauma experiences and allow for periodic reassessment.

Commentary: Trauma screenings should evaluate the presence of two critical elements: exposure to potentially traumatic events and experiences, including traumatic loss, and traumatic stress symptoms and reactions.⁷⁸ When appropriate, organizations should ensure that licensed mental health providers qualified in assessment practices administer initial trauma screenings and subsequent assessments. Initial assessments will create baseline data on trauma levels and then progress can be measured through periodic reassessments. These data will inform any needed changes to the trauma-informed policy and practices.

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8.3 *Promote and increase utilization of assessment tools that measure child-level outcomes, specifically healing from trauma experiences, including physical, mental, and emotional health.*

Commentary: DFPS and other organizations in the child welfare system should develop a data sharing process to measure aggregate data as well as child-level data. At the system level, this process can help identify changes needed to improve the overall service system.⁷⁹ At a child level, services should be tailored to achieve the desired effect and outcomes should be monitored.

DFPS should explore opportunities to expand the utilization of the Texas CANS 2.0 as a common assessment and ongoing evaluation tool. This may facilitate more uniformity among providers and allow for more broad evaluations of trauma-informed care practice. DFPS and other organizations should also ensure data can be disaggregated by diverse populations to evaluate whether trauma-informed practices address the needs of all children and families in the child welfare system.

Organizations should gather information on a child’s progress over time rather than at a single point in time. Some indicators of healing that should be measured are: relational permanency;⁸⁰ family connections and placement stability; consistent participation in normalcy activities; meaningful participation in decision-making; and preparation for successful adulthood.

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8.4 *Organizations should periodically conduct self-assessments that measure the organization against a common definition of being trauma-informed and trauma-responsive and develop a plan to further trauma-informed policies and practices.*

Commentary: Once common definitions are adopted, an organizational assessment based on the definitions should be developed. Organizations should conduct initial assessments and then use the results to form strategic plans for the transition to trauma-informed care. A re-assessment should be conducted on a periodic basis to evaluate the consistency of implementation with adjustments made as needed.



9



A trauma-informed child welfare system is adequately funded and sustainable.

A sustainable trauma-informed child welfare system requires adequate funding and commitment. Adequate funding is necessary to support training in research-informed models, to maintain the well-being of those providing care, to collect and analyze relevant data, and to create a safe and trauma-informed environment with appropriate physical surroundings. However, the potential savings for Texas may outweigh those costs when Texas children and families who have experienced trauma are served by a trauma-informed system that helps them build a resilient future.

Potential funding strategies should be identified for communities and organizations that want to implement and sustain trauma-informed practices. Investment may come from national, state, regional, and local sources and both the public and private sectors. The child welfare system must educate itself and funding communities not only on how to build but also on how to sustain a trauma-informed system. Committed trauma-informed leaders at the local, regional, and state level are needed to keep momentum for the effort and advocate for increased support as data show the positive outcomes that are possible.



9.1 *Explore public funding opportunities to effectively implement and sustain trauma-informed training, policies, and practices.*

Commentary: Effective implementation of trauma-informed care requires funding for initial costs as well as costs to sustain the system. Funding is needed for workforce development, including initial and ongoing training, understanding and supporting staff and caregiver well-being, data collection and assessment, data system updates, and cross-system collaboration.⁸¹ Creating a safe physical environment is also an important part of ensuring that an organization is trauma-informed and this process may require funding to create the necessary atmosphere.⁸² Child welfare organizations should explore both federal and state public funding options.

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9.2 *Explore additional billing opportunities and/or incentives for professionals who are trained in trauma to provide trauma-informed services and to utilize training for trauma-informed treatment modalities that are research-informed.*

Commentary: Child welfare leaders should explore methods for increasing the number of current professionals under STAR Health and professionals who are otherwise providing child welfare services and who are trained in trauma-informed treatment that is research-informed. Leaders should also develop methods for enrolling more trauma-informed trained professionals as STAR Health service providers. Performance-based payments may help incentivize professionals to become certified in research-informed trauma training as well.

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9.3 *Educate community organizations on funding opportunities to support trauma-informed training and practice.*

Commentary: Community organizations should have access to information on how to approach public and private funders for trauma-informed care implementation costs. Conferences, community consortia, and the statewide portal envisioned by this Blueprint could potentially serve as platforms to disseminate information on the local, regional, statewide, and national funding opportunities available. Additionally, ideas on the best ways to approach funders can be exchanged on these platforms. Organizations should also consider convening community consortia to develop and implement a strategy for collectively approaching funders for grants to support systemic change.

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9.4 Educate the philanthropic community on the need for and impact of private funding to support trauma-informed organizations and systems across communities and the state.

Commentary: Support from the philanthropic community is vital to becoming a trauma-informed state. Child welfare leaders should convene funders’ forums to build a shared understanding of the need for trauma-informed and trauma-responsive practices and to discuss opportunities to invest in a manner that supports the creation of sustainable trauma-informed organizations and systems. The format for this convening can be in-person or web-based and should include an overview of trauma-informed principles, assessment tools used to determine the level of trauma-informed practices used by the organizations, and how to determine what is needed to become fully trauma-informed.

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9.5 Develop a statewide task force to promote and support transformation of the child welfare system to a trauma-informed system and to implement this Blueprint.

Commentary: Developing a trauma-informed child welfare system requires change at multiple levels. To help ensure this transition occurs, Texas must support an independent implementation structure to ensure the realization of the Guiding Principles in this Blueprint and to oversee the execution of the strategies associated with each principle.



CONCLUSION

The formation of the SCTIC marked the first step in transforming the Texas child welfare system into a cohesive network of organizations and individuals who view the system through a trauma-informed lens. The next major milestone was the release of this Blueprint, the first-of-its-kind both in Texas and the nation. The Children's Commission recognizes that accomplishing the goals of the Blueprint will require continued time and attention. The timeline to complete the strategies range from short-term to long-term. Execution of strategies will most likely occur at state, regional, and local community levels. To build a sustainable statewide effort, the final Blueprint strategy of developing a task force is really the beginning of the implementation phase.

The SCTIC may continue to provide a platform for child welfare stakeholders to convene and exchange ideas and possibly serve as the statewide task force or it may become apparent that another format is more appropriate. Continued participation of DFPS, the courts, HHSC, child placing agencies, residential treatment centers, medical and mental health professionals, educators, juvenile justice professionals, and many other stakeholders is critical to accomplishing the goals set forth in the Blueprint. Any task force formed should be charged with identifying priorities and structuring implementation. One strategy that is paramount is the development of a Texas-based, trauma-informed portal designed to increase knowledge and collaboration efforts across the state.

Trauma does not occur in isolation; addressing the impact of trauma on the children, youth, young adults, and families engaged with DFPS will take the efforts of all child welfare system stakeholders at the state, regional, and local community level. We can change the culture of Texas' child welfare system through meaningful partnerships within and across systems. We can include the voices of children and families in the decisions that impact their lives and ensure our approach makes people from all backgrounds and origins feel heard and safe. Texas can support those doing the difficult daily task of helping children and families heal by equipping them with the right tools to address the impact of secondary trauma. Quality, ongoing, multi-level training can empower organizations and individuals to better respond to the impact of trauma. Efficient information sharing and effective data collection, along with adequate monetary and policy-based support, will build a lasting change for the Texas child welfare system.

These Guiding Principles and accompanying strategies are the starting point for broad, positive, and sustainable change which will benefit children, youth, young adults, and families served by the Texas child welfare system. Together, we can build a child welfare system and a state that empowers children and families to live resilient lives.

GLOSSARY

Abbreviation	Meaning
ACEs	Adverse Childhood Experiences
CANS	Child and Adolescent Needs and Strength Assessment
CASA	Court Appointed Special Advocate
CPA	Child Placing Agency
CPS	Child Protective Services
CRCG	Community Resource Collaboration Group
DFPS	Texas Department of Family & Protective Services
FGC	Family Group Conference
HHSC	Texas Health and Human Services Commission
IDD	Intellectual and Developmental Disabilities
LGBTQ	Lesbian, Gay, Bisexual, Transgender, or Questioning
MCO	Managed Care Organization
MMHPI	Meadows Mental Health Policy Institute
SAMHSA	Substance Abuse and Mental Health Services Administration
NCTSN	The National Child Traumatic Stress Network
SCTIC	Statewide Collaborative on Trauma-Informed Care
TIC	Trauma-Informed Care

ENDNOTES

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