SUBJECT: Developing a strategic plan to address adverse childhood experiences

COMMITTEE: Public Health — favorable, without amendment

VOTE: 8 ayes — S. Thompson, Frank, Guerra, Lucio, Ortega, Price, Sheffield, Zedler

0 nays

3 absent — Wray, Allison, Coleman

WITNESSES: For — Lisa Harst, Children's Advocacy Centers of Texas; Kristen Howell, Children's Advocacy Center for Denton County; Anu Partap, Cook Children's Health Care System; Jose Flores, Texas Criminal Justice Coalition; Jennifer Lucy, TexProtects; Kyle Piccola, The Arc of Texas; Maverick Crawford; Judith McGeary; (*Registered, but did not testify*: Cynthia Humphrey, Association of Substance Abuse Programs; Jason Sabo, Children at Risk; Jo DePrang, Children's Defense Fund-Texas; Christina Hoppe, Children's Hospital Association of Texas; Chris Masey, Coalition of Texans with Disabilities; Christine Yanas, Methodist Healthcare Ministries of South Texas, Inc.; Alissa Sughrue, National Alliance on Mental Illness (NAMI) Texas; Will Francis, National Association of Social Workers-Texas Chapter; Kimberly Griffin, Nurse-Family Partnership National Service Office; Josette Saxton, Texans Care for Children; Jamie McCormick, Texas Alliance of Child and Family Services; Lance Lowry, Texas Association of Taxpayers; Bryan Mares, Texas CASA; Cheri Siegelin, Texas Correctional Employees-Huntsville; Lee Johnson, Texas Council of Community Centers; Krista Del Gallo, Texas Council on Family Violence; Jan Friese, Texas Counseling Association; Chris Frandsen, Texas League Of Women Voters; Troy Alexander, Texas Medical Association; Linda Litzinger, Texas Parent to Parent; Clayton Travis, Texas Pediatric Society; Kyle Ward, Texas PTA; Nataly Sauceda, United Ways of Texas; Knox Kimberly, Upbring; Susan Burek; Paul Carrola)

Against — (*Registered, but did not testify*: Lee Spiller, Citizens

Commission on Human Rights; Ann Hettinger, Concerned Women for America; Josh Cogan, Outlast Youth, Stonewall Democrats of Dallas; Cindy Asmussen; Joseph Longhurst; Ruth York)

On — Tanya Lavelle, Hogg Foundation for Mental Health; Kristen Schwall-Hoyt; (*Registered, but did not testify*: Manda Hall, Department of State Health Services; Sasha Rasco, Department of Family and Protective Services; Courtney Harvey, Health and Human Services Commission)

DIGEST:

HB 4183 would require the Texas Health and Human Services Commission (HHSC) to collaborate with certain state agencies and an institution of higher education with relevant expertise to analyze data and develop plans to reduce exposure of children to adverse childhood experiences and to address the social, health, and economic impacts of those experiences. The bill would define "adverse childhood experiences" to include:

- abuse, neglect, and family violence as defined by the Family Code;
- the death of a parent;
- parental separation or divorce;
- substance abuse disorder, mental illness, or incarceration of a member of a child's household.

HHSC would collaborate with state agencies specified in the bill to:

- analyze data related to the causes and effects of adverse childhood experiences, including data from the Behavioral Risk Factor Surveillance System established by the Centers for Disease Control and Prevention;
- evaluate prevention needs and gaps in services and support;
- identify best practices for prevention and treatment; and
- work with state and local agencies and other organizations specified in the bill, including public schools, child welfare services providers, faith-based organizations, law enforcement, and the business and philanthropic communities, among others, to develop a five-year strategic plan to prevent and address such

experiences.

The five-year strategic plan would incorporate a public health approach that promoted collaboration between agencies and community-based providers. The plan could include strategies to:

- train and educate professionals to assess, intervene, and prevent adverse childhood experiences;
- provide trauma-informed practices for families, children, and providers impacted by adverse childhood experiences;
- provide high-quality childcare;
- provide support to parents to develop social and economic independence;
- provide support to strengthen the engagement of fathers in their children's lives and establish paternity;
- incorporate voluntary, evidence-based home visiting programs to strengthen families and connect families to community resources;
- develop support programs for teen parents and young mothers;
- develop parental education training and counseling programs;
- identify best practices for child protective services and investigations;
- prevent and treat mental illness and substance use disorder;
- prevent intimate partner and family violence; and
- prevent chronic diseases related to adverse childhood experiences.

HHSC and collaborating entities would be required to develop a community awareness approach to implement the strategic plan and make it available on their respective websites.

Any program, service, or support established under the provisions of the bill could not include sex education.

By March 1, 2020, HHSC would be required to develop a progress report that included data, best practices, and implementable changes within the commission's current capacity. By December 31, 2020, HHSC would be

required to develop the five-year strategic plan and to submit a report to the relevant legislative committees on the commission's strategies for preventing and treating adverse childhood experiences and any plan to incorporate those strategies into existing services and support programs for children and families.

The bill would take effect September 1, 2019.

SUPPORTERS SAY:

HB 4183 would address adverse childhood experiences through a public health framework and would create a blueprint for communities to engage and help children who have endured or are experiencing significant difficulties or trauma. Early intervention and prevention are vital to mitigate the social and economic costs of adverse childhood experiences on individuals and communities.

Adverse childhood experiences are extremely prevalent and have a significant impact on a child's behavioral and physical health. Each additional adverse experience results in lasting effects on adulthood disease, disability, and social functioning, the costs of which are absorbed through state and local resources. The bill would create a coordinated strategy that would enable agencies to reduce redundancies, increase efficiency, and identify effective strategies that could be implemented using existing resources.

Preventing and mitigating the impact of adverse childhood experiences has a strong return on investment, and the bill would implement evidence-based, effective solutions to empower parents through community support to ensure that families thrive. The bill would simply make available to struggling families programs that would promote healthy families and economic independence.

The bill is not intended to create a plan to diagnose children, but rather to protect children from growing up in environments that could compromise their short- and long-term health and success. When adversity cannot be prevented, strategies to increase resilience, strengthen families, and promote healing through safe relationships and environments could

minimize the impacts of adverse experiences on children.

Stakeholder and community input would be an important part of the planning process. While many communities are implementing effective prevention strategies, capacity differs from community to community. The strategic plan would ensure that all communities have a toolkit to accelerate existing resources, programs, and partnerships toward improved outcomes for children.

OPPONENTS SAY:

HB 4183 would address issues, such as mental health, that should be handled privately and not in a public school. Better and more economical resources exist in the community that could be used to address adverse childhood experiences. The state should not intervene in such matters.

OTHER OPPONENTS SAY:

While HB 4183 is well intended, the bill's vague definition of mental illness and the inclusion of faith-based organizations on the list of acceptable strategic partners could result in a singular perspective on sexual orientation or gender identity.