

116TH CONGRESS
1ST SESSION

H. R. 3180

To improve the identification and support of children and families who
experience trauma.

IN THE HOUSE OF REPRESENTATIVES

JUNE 10, 2019

Mr. DANNY K. DAVIS of Illinois (for himself and Mr. GALLAGHER) introduced the following bill; which was referred to the Committee on Education and Labor, and in addition to the Committees on Energy and Commerce, and the Judiciary, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To improve the identification and support of children and
families who experience trauma.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Resilience Investment,
5 Support, and Expansion from Trauma Act” or the “RISE
6 from Trauma Act”.

TITLE I—COMMUNITY PROGRAMMING

SEC. 101. TRAUMA-RELATED COORDINATING BODIES.

Title V of the Public Health Service Act is amended by inserting after section 520A (42 U.S.C. 290bb–32) the following:

“SEC. 520B. TRAUMA-RELATED COORDINATING BODIES TO ADDRESS COMMUNITY TRAUMA.

“(a) GRANTS.—

“(1) IN GENERAL.—The Secretary, acting through the Assistant Secretary, shall award grants to State, county, local, or Indian tribe or tribal organizations (as such terms are defined in section 4 of the Indian Self-Determination Act and Education Assistance Act) or nonprofit private entities for demonstration projects to enable such entities to act as coordinating bodies to address community trauma.

“(2) AMOUNT.—The Secretary shall award such grants in amounts of not more than \$4,000,000.

“(3) DURATION.—The Secretary shall award such grants for periods of 4 years.

“(b) ELIGIBLE ENTITIES.—

“(1) IN GENERAL.—To be eligible to receive a grant under this section, an entity shall include 1 or

1 more representatives of each of the categories de-
2 scribed in paragraph (2).

3 “(2) COMPOSITION.—The categories referred to
4 in paragraph (1) are—

5 “(A) governmental agencies, such as public
6 health, human services, or child welfare agen-
7 cies, that conduct activities to screen, assess,
8 provide services or referrals, prevent, or provide
9 treatment to support infants, children, youth,
10 and their families as appropriate, that have ex-
11 perience or are at risk of experiencing trauma;

12 “(B) faculty or qualified staff at an insti-
13 tution of higher education (as defined in section
14 101(a) of the Higher Education Act of 1965)
15 or representatives of a member of the National
16 Child Traumatic Stress Network, in an area re-
17 lated to screening, assessment, service provision
18 or referral, prevention, or treatment to support
19 infants, children, youth, and their families, as
20 appropriate, that have experienced or are at
21 risk of experiencing trauma;

22 “(C) hospitals, health care clinics, or other
23 health care institutions, such as mental health
24 and substance use treatment facilities;

1 “(D) the criminal justice system with re-
2 spect to adults and juveniles, which may include
3 law enforcement, judicial, or court employees;

4 “(E) local educational agencies or agencies
5 responsible for early childhood education pro-
6 grams, which may include Head Start and
7 Early Head Start agencies;

8 “(F) community-based faith, human serv-
9 ices, or social services organizations, including
10 providers of after-school programs, home vis-
11 iting programs, agencies that serve victims of
12 domestic and family violence and child sexual
13 abuse, or programs to prevent or address the
14 impact of violence and addiction; and

15 “(G) the general public, including individ-
16 uals who have experienced trauma.

17 “(3) QUALIFICATIONS.—In order for an entity
18 to be eligible to receive the grant under this section,
19 the representatives included in the entity shall, col-
20 lectively, have professional training and expertise
21 concerning childhood trauma and evidence-based,
22 evidence-informed, and promising best practices to
23 prevent and mitigate the impact of exposure to trau-
24 ma.

1 “(c) APPLICATION.—To be eligible to receive a grant
2 under this section, an entity shall submit an application
3 to the Secretary at such time, in such manner, and con-
4 taining such information as the Secretary may require, in-
5 cluding information describing how the coordinating body
6 funded under the grant will continue its activities after
7 the end of the grant period.

8 “(d) PRIORITY.—In awarding grants under this sec-
9 tion, the Secretary shall give priority to entities proposing
10 to serve communities that have faced high rates of commu-
11 nity trauma, including from intergenerational poverty,
12 civil unrest, discrimination, or oppression, which may in-
13 clude an evaluation of—

14 “(1) an age-adjusted rate of drug overdose
15 deaths that is above the national overdose mortality
16 rate, as determined by the Director of the Centers
17 for Disease Control and Prevention; and

18 “(2) an age-adjusted rate of violence-related (or
19 intentional) injury deaths that is above the national
20 average, as determined by the Director of the Cen-
21 ters for Disease Control and Prevention.

22 “(e) USE OF FUNDS.—An entity that receives a grant
23 under this section to act as a coordinating body shall use
24 the grant funds—

1 “(1) to bring together stakeholders who provide
2 or use services in, or have expertise concerning, cov-
3 ered settings to identify community needs and re-
4 sources related to services to prevent or address the
5 impact of trauma, and to build on any needs assess-
6 ments conducted by organizations or groups rep-
7 resented on the coordinating body;

8 “(2)(A) to collect data, on indicators specified
9 by the Secretary, that covers multiple covered set-
10 tings; and

11 “(B) to use the data to identify unique commu-
12 nity challenges and barriers, gaps in services, and
13 high-need areas, related to services to prevent or ad-
14 dress the impact of trauma;

15 “(3) to build awareness, skills, and leadership
16 (including through culturally sensitive, trauma-in-
17 formed training and public outreach campaigns) re-
18 lated to implementing the best practices developed
19 under section 7132(d) of the SUPPORT for Pa-
20 tients and Communities Act (Public Law 115–271)
21 (referred to in this subsection as the ‘developed best
22 practices’); and

23 “(4) to develop a strategic plan that identi-
24 fies—

1 “(A) policy goals and coordination oppor-
2 tunities (including coordination in applying for
3 grants) relating to implementing the developed
4 best practices; and

5 “(B) a comprehensive, integrated approach
6 for the entity and its members to prevent and
7 mitigate the impact of exposure to trauma in
8 the community, and to assist the community in
9 healing from existing and prior exposure to
10 trauma.

11 “(f) SUPPLEMENT NOT SUPPLANT.—Amounts made
12 available under this section shall be used to supplement
13 and not supplant other Federal, State, and local public
14 funds and private funds expended to provide trauma-re-
15 lated coordination activities.

16 “(g) EVALUATION.—At the end of the period for
17 which grants are awarded under this section, the Sec-
18 retary shall conduct an evaluation of the activities carried
19 out under each grant under this section. In conducting
20 the evaluation, the Secretary shall assess the outcomes of
21 the grant activities carried out by each grant recipient.

22 “(h) AUTHORIZATION OF APPROPRIATIONS.—There
23 is authorized to be appropriated to carry out this section
24 \$50,000,000 for the period of fiscal years 2020 through
25 2023.

1 “(i) DEFINITION.—In this section, the term ‘covered
2 setting’ means the settings in which individuals may come
3 into contact with infants, children, youth, and their fami-
4 lies, as appropriate, who have experienced or are at risk
5 of experiencing trauma, including schools, hospitals, set-
6 tings where health care providers, including primary care
7 and pediatric providers, provide services, early childhood
8 education and care settings, home visiting settings, after-
9 school program facilities, child welfare agency facilities,
10 public health agency facilities, mental health treatment fa-
11 cilities, substance use treatment facilities, faith-based in-
12 stitutions, domestic violence agencies, child advocacy cen-
13 ters, homeless services system facilities, refugee services
14 system facilities, juvenile justice system facilities, law en-
15 forcement agency facilities, Healthy Marriage Promotion
16 or Responsible Fatherhood service settings, child support
17 service settings, and service settings focused on individuals
18 eligible for assistance under the temporary assistance for
19 needy families program funded under part A of title IV
20 of the Social Security Act.”.

1 **SEC. 102. EXPANSION OF PERFORMANCE PARTNERSHIP**
2 **PILOT FOR CHILDREN WHO HAVE EXPERI-**
3 **ENCED OR ARE AT RISK OF EXPERIENCING**
4 **TRAUMA.**

5 Section 526 of the Departments of Labor, Health and
6 Human Services, and Education, and Related Agencies
7 Appropriations Act, 2014 (42 U.S.C. 12301 note) is
8 amended—

9 (1) in subsection (a), by adding at the end the
10 following:

11 “(4) ‘To improve outcomes for infants, children,
12 and youth, and their families as appropriate, who
13 have experienced or are at risk of experiencing trauma’ means to increase the rate at which individuals
14 who have experienced or are at risk of experiencing
15 trauma, including those who are low-income, home-
16 less, involved with the child welfare system, involved
17 in the juvenile justice system, unemployed, or not
18 enrolled in or at risk of dropping out of an edu-
19 cational institution and live in a community that has
20 faced acute or long-term exposure to substantial dis-
21 crimination, historical oppression, intergenerational
22 poverty, civil unrest, a high rate of violence or drug
23 overdose deaths, achieve success in meeting edu-
24 cational, employment, health, developmental, com-

1 munity reentry, permanency from foster care, or
2 other key goals.”;

3 (2) in subsection (b)—

4 (A) in the subsection heading, by striking
5 “FISCAL YEAR 2014” and inserting “FISCAL
6 YEARS 2020 THROUGH 2024”;

7 (B) by redesignating paragraphs (1) and
8 (2) as subparagraphs (A) and (B), respectively,
9 and by moving such subparagraphs, as so re-
10 designated, 2 ems to the right;

11 (C) by striking “Federal agencies” and in-
12 serting the following:

13 “(1) DISCONNECTED YOUTH PILOTS.—Federal
14 agencies”; and

15 (D) by adding at the end the following:

16 “(2) TRAUMA-INFORMED CARE PILOTS.—

17 “(A) IN GENERAL.—Federal agencies may
18 use Federal discretionary funds that are made
19 available in this Act or any appropriations Act
20 for any of fiscal years 2020 through 2024 to
21 carry out up to 10 Performance Partnership Pi-
22 lots. Such Pilots shall—

23 “(i) be designed to improve outcomes
24 for infants, children, and youth, and their
25 families as appropriate, who have experi-

1 enced or are at risk of experiencing trau-
2 ma; and

3 “(ii) involve Federal programs tar-
4 geted on infants, children, and youth, and
5 their families as appropriate, who have ex-
6 perienced or are at risk of experiencing
7 trauma.

8 “(B) PRIORITY.—In making funds avail-
9 able under this paragraph, a Federal agency
10 shall give priority to entities that receive grants
11 under section 520B of the Public Health Serv-
12 ice Act.”;

13 (3) in subsection (c)(2)—

14 (A) in subparagraph (A), by striking
15 “2018” and inserting “2023”; and

16 (B) in subparagraph (F), by inserting be-
17 fore the semicolon “, including the age range
18 for such population”; and

19 (4) in subsection (e), by striking “2018” and
20 inserting “2023”.

21 **SEC. 103. NATIONAL AND COMMUNITY SERVICE.**

22 (a) SERVICE-LEARNING.—Section 113(a)(2) of the
23 National and Community Service Act of 1990 (42 U.S.C.
24 12525(a)(2)) is amended—

1 (1) in subparagraph (C), by striking “and” at
2 the end;

3 (2) in subparagraph (D), by striking the period
4 and inserting “, and”; and

5 (3) by adding at the end the following:

6 “(E) information describing how the appli-
7 cant will give priority, in reviewing applications
8 under subsection (b), to entities that propose
9 service-learning programs in communities with
10 high levels of trauma (as defined in section
11 520B of the Public Health Service Act).”.

12 (b) AMERICORPS RECRUITMENT.—Section 130(b)(5)
13 of the National and Community Service Act of 1990 (42
14 U.S.C. 12582(b)(5)) is amended by inserting after “and
15 women,” the following: “and to give priority (to the max-
16 imum extent practicable) to recruitment of participants
17 from communities with high levels of trauma (as defined
18 in section 520B of the Public Health Service Act),”.

19 (c) AMERICORPS STATE PROGRAMS.—Section 130(c)
20 of the National and Community Service Act of 1990 (42
21 U.S.C. 12582(c)) is amended by adding at the end the
22 following:

23 “(4) In the case of a State or territory de-
24 scribed in section 129(e), an assurance that the
25 State or territory, in distributing grant funds made

1 available under that section, will give priority to en-
 2 tities proposing national service programs that are
 3 related to the provision of trauma-informed services
 4 in communities with high levels of trauma (as de-
 5 fined in section 520B of the Public Health Service
 6 Act).”.

7 (d) AMERICORPS COMPETITIVE PROGRAMS.—Section
 8 133(d)(2) of the National and Community Service Act of
 9 1990 (42 U.S.C. 12585(d)(2)) is amended—

10 (1) in subparagraph (B), by striking “and” at
 11 the end;

12 (2) in subparagraph (C), by striking the period
 13 and inserting “; and”; and

14 (3) by adding at the end the following:

15 “(D) national service programs that are re-
 16 lated to the provision of trauma-informed serv-
 17 ices in communities with high levels of trauma
 18 (as defined in section 520B of the Public
 19 Health Service Act).”.

20 **SEC. 104. HOSPITAL-BASED INTERVENTIONS TO REDUCE**
 21 **READMISSIONS.**

22 Section 911 of the Public Health Service Act (42
 23 U.S.C. 299b) is amended by adding at the end the fol-
 24 lowing:

1 “(c) HOSPITAL-BASED INTERVENTIONS TO REDUCE
2 READMISSIONS.—

3 “(1) GRANTS.—The Secretary, acting through
4 the Director of the Agency, shall award grants to el-
5 igible entities to evaluate hospital-based interven-
6 tions to reduce subsequent readmissions of patients
7 that present at a hospital after overdosing, attempt-
8 ing suicide, or suffering violent injury or abuse.

9 “(2) ELIGIBLE ENTITIES.—To be eligible to re-
10 ceive a grant under this subsection and entity
11 shall—

12 “(A) be a hospital or health system (in-
13 cluding health systems operated by Indian
14 tribes or tribal organizations as such terms are
15 defined in section 4 of the Indian Self-Deter-
16 mination Act and Education Assistance Act);
17 and

18 “(B) submit to the Secretary an applica-
19 tion at such time, in such manner, and con-
20 taining such information as the Secretary may
21 require, which shall include demonstrated expe-
22 rience furnishing successful hospital-based, cul-
23 turally sensitive, trauma interventions to im-
24 prove outcomes for patients presenting after

1 overdosing, attempting suicide, or suffering vio-
2 lent injury or abuse.

3 “(3) USE OF FUNDS.—An entity shall use
4 amounts received under a grant under this sub-
5 section to test and evaluate hospital-based trauma-
6 informed interventions for patients who present at
7 hospitals with drug overdoses, suicide attempts, and
8 violent injuries (such as domestic violence or inten-
9 tional penetrating wounds, including gunshots and
10 stabblings) to provide comprehensive education,
11 screening, counseling, discharge planning, skills
12 building, and long-term case management services to
13 prevent hospital readmission, injury, and improve
14 health and safety outcomes. Such interventions may
15 be furnished in coordination or partnership with
16 qualified community-based organizations and may
17 include or incorporate the best practices developed
18 under section 7132(d) of the SUPPORT for Pa-
19 tients and Communities Act (Public Law 115–271).

20 “(4) QUALITY MEASURES.—An entity that re-
21 ceive a grant under this section shall submit to the
22 Secretary a report on the data and outcomes devel-
23 oped under the grant, including any quality meas-
24 ures developed to prevent hospital readmissions for
25 the patients served under the program involved.”.

1 **SEC. 105. SUPPORTING AT-RISK AND TRAUMA-EXPOSED**
2 **STUDENTS WITH ARTS OPPORTUNITIES.**

3 Section 5(c) of the National Foundation on the Arts
4 and Humanities Act of 1965 (20 U.S.C. 954(c)) is amend-
5 ed—

6 (1) in paragraph (9), by striking “and” at the
7 end;

8 (2) in paragraph (10), by striking the period
9 and inserting “; and”; and

10 (3) by inserting after paragraph (10), the fol-
11 lowing:

12 “(11) projects, programs, and workshops that
13 provide therapy and creative expression opportuni-
14 ties through the arts for children, and their families
15 as appropriate, who have experienced or are at risk
16 of experiencing trauma.”.

17 **SEC. 106. ENSURING PARITY FOR INFANT, EARLY CHILD-**
18 **HOOD, AND YOUTH MENTAL HEALTH.**

19 Part K of title V of the Public Health Service Act
20 (42 U.S.C. 290ll et seq.) is amended—

21 (1) by redesignating section 550 (42 U.S.C.
22 290ee–10), relating to sobriety treatment and recov-
23 ery teams, as section 598; and

24 (2) by adding at the end the following:

1 **“SEC. 599. INFANT AND EARLY CHILDHOOD MENTAL**
2 **HEALTH PARITY.**

3 “(a) IN GENERAL.—The Secretary, in coordination
4 with the Secretary of Labor and the Secretary of Edu-
5 cation, shall award grants to, or enter into cooperative
6 agreements with, States to ensure that health insurance
7 issuers in the State comply with section 2726, as such sec-
8 tion applies to infant and early childhood mental and be-
9 havioral health.

10 “(b) USE OF GRANT.—A State shall use amounts re-
11 ceived under a grant or cooperative agreement under this
12 section to—

13 “(1) establish clear guidelines for parity compli-
14 ance for infant and early childhood mental health
15 that are evidence-based;

16 “(2) align parity compliance with best practices
17 for meeting an infant’s Individualized Family Serv-
18 ice Plan under part C of the Individuals with Dis-
19 abilities Education Act or a preschool aged child’s
20 Individualized Education Plan under part B of such
21 Act, as well as providing Coordinated Early Inter-
22 vening Services under part B of such Act to pre-
23 school aged children;

24 “(3) engage with health insurance issuers to en-
25 sure that they comply with the guidelines promul-
26 gated and other provisions of section 2726, as such

1 section applies to infant and early childhood mental
2 health;

3 “(4) ensure health insurance issuer compliance
4 through audits, market conduct examinations, secret
5 shopper programs, or other means;

6 “(5) share learnings with other States who re-
7 ceive grants under this section; and

8 “(6) submit a report to the Secretary, the Sec-
9 retary of Labor, and the Secretary of Education, on
10 findings, actions, recommendations, and any such
11 other information as such Secretaries shall require.

12 “(c) AUTHORIZATION OF APPROPRIATIONS.—There
13 is authorized to be appropriated to carry out this section,
14 \$10,000,000 for each of fiscal years 2020 through 2024.”.

15 **SEC. 107. STREAMLINING AND COORDINATING TRAUMA**
16 **GRANT FUNDING.**

17 Not later than 2 years after the date of enactment
18 of this Act, the Director of the Office of Management and
19 Budget, in coordination with the Task Force created
20 under section 7132 of the SUPPORT for Patients and
21 Communities Act (Public Law 115–271), shall review the
22 Federal grant programs and funding streams with rel-
23 evance or potential to furnish the best practices developed
24 under section 7132(d) of such Act for preventing and miti-

1 gating the impact of trauma, and issue guidance to agen-
2 cies on the following:

3 (1) Aligning measurement, reporting, and
4 timelines for Federal funds used to address commu-
5 nity trauma.

6 (2) Leveraging different Federal funding
7 streams to enable effective data sharing, integration,
8 and privacy to support coordination for addressing
9 community trauma.

10 (3) Consistency in eligibility requirements and
11 enrollment pathways for Federal funding to facili-
12 tate strategies for addressing community trauma.

13 (4) Support for community-level planning ac-
14 tivities that advance the overall policy goals of each
15 Federal funding stream.

16 (5) Modeling the long-term budgetary benefits
17 of preventing or mitigating community trauma.

18 (6) Including trauma impact statements within
19 relevant grants focused on serving children and fam-
20 ilies.

21 **SEC. 108. MEASURING SAVINGS FROM TRAUMA-INFORMED**
22 **INTERVENTIONS.**

23 (a) IDENTIFICATION OF EFFECTIVE INTERVEN-
24 TIONS.—The Secretary of Health and Human Services,
25 acting through the Assistant Secretary for Planning and

1 Evaluation, and in coordination with the Attorney Gen-
2 eral, the Secretary of Education, and the Secretary of
3 Labor, shall conduct a review and analysis of the best
4 practices developed under section 7132(d) of the SUP-
5 PORT for Patients and Communities Act (Public Law
6 115–271) (referred to in this section as the “developed
7 best practices”) that can be furnished through a Federal
8 grant or health insurance program to prevent and mitigate
9 the impact of trauma among infants, children, and youth,
10 and their families, as appropriate, and identify those prac-
11 tices which hold the most promise to reduce long-term
12 costs and spending associated with children, including
13 health care and child welfare costs.

14 (b) CONDUCT OF REVIEW.—In conducting the review
15 and analysis under subsection (a), the Assistant Secretary
16 may—

17 (1) solicit public input on the review design,
18 findings, and conclusions; and

19 (2) examine methods for evaluating whether the
20 developed best practices were effectively implemented
21 and the predicted outcomes and savings are likely to
22 be achieved, which may include competency and test-
23 ing approaches, and performance or outcome meas-
24 ures.

1 (c) UPDATES.—The set of best practices identified
 2 under subsection (a) as holding promise to reduce costs
 3 shall be updated at regular intervals.

4 (d) EVALUATING LONG-TERM SAVINGS ASSOCIATED
 5 WITH THE INTERVENTIONS.—The Director of the Office
 6 of Management and Budget shall analyze, determine, and
 7 publicly report the cost-savings across the Federal budget
 8 over 20 years, including an appropriate discount rate, as-
 9 sociated with the effective implementation of the interven-
 10 tions identified in subsection (a), when applied in a rep-
 11 resentative population of children participating in all such
 12 appropriate Federal grant or health insurance programs
 13 in a given year, and update these determinations at least
 14 every 5 years.

15 **TITLE II—WORKFORCE** 16 **DEVELOPMENT**

17 **SEC. 201. DIVERSITY TRAINING FOR INDIVIDUALS FROM**
 18 **COMMUNITIES THAT HAVE EXPERIENCED**
 19 **HIGH LEVELS OF TRAUMA, VIOLENCE, OR AD-**
 20 **DICTION.**

21 Part B of title VII of the Public Health Service Act
 22 (42 U.S.C. 293 et seq.) is amended by adding at the end
 23 the following:

1 **“SEC. 742. INDIVIDUALS FROM COMMUNITIES THAT HAVE**
2 **EXPERIENCED HIGH LEVELS OF TRAUMA, VI-**
3 **OLENCE, OR ADDICTION.**

4 “In carrying out activities under this part, the Sec-
5 retary shall ensure that emphasis is provided on the re-
6 cruitment of individuals from communities that have expe-
7 rienced high levels of trauma, violence, or addiction and
8 that appropriate and culturally sensitive activities under
9 this part are carried out in partnership with community-
10 based organizations that have expertise in addressing such
11 challenges to enhance service delivery.”.

12 **SEC. 202. FUNDING FOR THE NATIONAL HEALTH SERVICE**
13 **CORPS.**

14 Section 10503(b)(2) of the Patient Protection and
15 Affordable Care Act (42 U.S.C. 254b–2(b)(2)) is amend-
16 ed—

17 (1) in subparagraph (E), by striking “and” at
18 the end;

19 (2) in subparagraph (F), by striking the period
20 and inserting “; and”; and

21 (3) by adding at the end the following:

22 “(G) \$360,000,000 for each of fiscal years
23 2020 through 2024.”.

1 **SEC. 203. INFANT AND EARLY CHILDHOOD CLINICAL WORK-**
2 **FORCE.**

3 Part P of title III of the Public Health Service Act
4 (42 U.S.C. 280g) is amended by adding at the end the
5 following:

6 **“SEC. 399V-7. INFANT AND EARLY CHILDHOOD CLINICAL**
7 **WORKFORCE.**

8 “(a) IN GENERAL.—The Secretary, acting through
9 the Associate Administrator of the Maternal and Child
10 Health Bureau, shall establish an Infant and Early Child-
11 hood Clinical Mental Health Leadership Program to
12 award grants to eligible entities to establish training insti-
13 tutes and centers of excellence for infant and early child-
14 hood clinical mental health.

15 “(b) ELIGIBLE ENTITIES.—To be eligible to receive
16 a grant under this section, an entity shall—

17 “(1) be—

18 “(A) an institution of higher education as
19 defined in section 101(a) of the Higher Edu-
20 cation Act of 1965; or

21 “(B) be a hospital with affiliation with
22 such an institution of higher education, or a
23 State professional medical society or association
24 of infant mental health demonstrating an affili-
25 ation or partnership with such an institution of
26 higher education; and

1 “(2) submit to the Secretary an application at
2 such time, in such manner, and containing such in-
3 formation as the Secretary may require.

4 “(c) USE OF GRANT.—An entity shall use amounts
5 received under a grant under this section to establish
6 statewide training institutes or centers of excellence for
7 licensed clinical social workers, licensed professional coun-
8 selors, licensed marriage and family therapists, clinical
9 psychologists, child psychiatrists, school psychologists,
10 nurses, and developmental and behavioral pediatricians on
11 infant and early childhood clinical mental health, with an
12 emphasis on screening, assessment, service provision or re-
13 ferral, prevention, and treatment for infants and children
14 who have experienced or are at risk of experiencing trau-
15 ma, as well as prevention of secondary trauma, through—

16 “(1) the provision of community-based and cul-
17 turally sensitive training and supervision in evi-
18 dence-based assessment, diagnosis, and treatment,
19 which may be conducted through partnership with
20 qualified community-based organizations;

21 “(2) the development of graduate education
22 training tracks;

23 “(3) the provision of scholarships and stipends,
24 including to enhance recruitment from under-rep-

1 resented populations in the mental health workforce;
2 and

3 “(4) the provision of mid-career training to de-
4 velop the capacity of existing health practitioners.

5 “(d) AUTHORIZATION OF APPROPRIATIONS.—There
6 is authorized to be appropriated to carry out this section,
7 \$25,000,000 for each of fiscal years 2020 through 2024.”.

8 **SEC. 204. TRAUMA-INFORMED TEACHING AND SCHOOL**
9 **LEADERSHIP.**

10 (a) PARTNERSHIP GRANTS.—Section 202 of the
11 Higher Education Act of 1965 (20 U.S.C. 1022a) is
12 amended—

13 (1) in subsection (b)(6)—

14 (A) by redesignating subparagraphs (H)
15 through (K) as subparagraphs (I) through (L),
16 respectively; and

17 (B) by inserting after subparagraph (G)
18 the following:

19 “(H) how the partnership will prepare gen-
20 eral education and special education teachers,
21 including early childhood educators, to support
22 culturally sensitive positive learning outcomes
23 and social and emotional development for stu-
24 dents who have experienced trauma (including
25 students who are involved in the foster care or

1 juvenile justice systems or runaway or homeless
2 youth) and in alternative education settings in
3 which high populations of youth with trauma
4 exposure may learn (including settings for cor-
5 rectional education, juvenile justice, pregnant
6 and parenting students, or youth who have re-
7 entered school after a period of absence due to
8 dropping out);”;

9 (2) in subsection (d)(1)(A)(i)—

10 (A) in subclause (II), by striking “and”
11 after the semicolon;

12 (B) by redesignating subclause (III) as
13 subclause (IV); and

14 (C) by inserting after subclause (II) the
15 following:

16 “(III) such teachers, including
17 early childhood educators, to adopt
18 culturally sensitive, evidence-based ap-
19 proaches for improving behavior (such
20 as positive behavior interventions and
21 supports and restorative justice), sup-
22 porting social and emotional learning,
23 mitigating the effects of trauma, im-
24 proving the learning environment in
25 the school, preventing secondary trau-

1 ma, compassion fatigue, and burnout,
2 and for alternatives to suspensions,
3 expulsions, corporal punishment, re-
4 ferrals to law enforcement, and other
5 actions that remove students from the
6 learning environment; and”;

7 (3) in subsection (d), by adding at the end the
8 following:

9 “(7) TRAUMA-INFORMED PRACTICE AND WORK
10 IN ALTERNATIVE EDUCATION SETTINGS.—Devel-
11 oping the teaching skills of prospective and, as appli-
12 cable, new, early childhood, elementary school, and
13 secondary school teachers to adopt evidence-based
14 and culturally sensitive, trauma-informed teaching
15 strategies—

16 “(A) to—

17 “(i) recognize the signs of trauma and
18 its impact on learning;

19 “(ii) maximize student engagement
20 and promote the social and emotional de-
21 velopment of students; and

22 “(iii) implement alternative practices
23 to suspension and expulsion that do not re-
24 move students from the learning environ-
25 ment; and

1 “(B) including programs training teachers,
2 including early childhood educators, to work
3 with students with exposure to traumatic events
4 (including students involved in the foster care
5 or juvenile justice systems or runaway and
6 homeless youth) and in alternative academic
7 settings for youth unable to participate in a tra-
8 ditional public school program in which high
9 populations of students with trauma exposure
10 may learn (such as students involved in the fos-
11 ter care or juvenile justice systems, pregnant
12 and parenting students, runaway and homeless
13 students, and other youth who have re-entered
14 school after a period of absence due to dropping
15 out).”.

16 (b) ADMINISTRATIVE PROVISIONS.—Section
17 203(b)(2) of the Higher Education Act of 1965 (20
18 U.S.C. 1022b(b)(2)) is amended—

19 (1) in subparagraph (A), by striking “and”
20 after the semicolon;

21 (2) in subparagraph (B), by striking the period
22 at the end and inserting “; and”; and

23 (3) by adding at the end the following:

24 “(C) to eligible partnerships that have a
25 high-quality proposal for trauma training pro-

1 grams for general education and special edu-
2 cation teachers, including early childhood edu-
3 cators.”.

4 (c) GRANTS FOR THE DEVELOPMENT OF LEADER-
5 SHIP PROGRAMS.—Section 202(f)(1)(B) of the Higher
6 Education Act of 1965 (20 U.S.C. 1022a(f)(1)(B)) is
7 amended—

8 (1) in clause (v), by striking “and” at the end;

9 (2) in clause (vi), by striking the period and in-
10 serting “; and”; and

11 (3) by adding at the end the following:

12 “(vii) identify students who have expe-
13 rienced trauma and connect those students
14 with appropriate school-based or commu-
15 nity-based interventions and services.”.

16 **SEC. 205. TOOLS FOR FRONT-LINE PROVIDERS.**

17 Not later than 18 months after the date of enactment
18 of this Act, the Secretary of Health and Human Services,
19 in coordination with appropriate stakeholders with subject
20 matter expertise which may include the National Child
21 Traumatic Stress Network, shall carry out activities to de-
22 velop accessible and easily understandable toolkits for use
23 by front-line service providers (including teachers, early
24 childhood educators, school leaders, mentors, social work-
25 ers, counselors, faith leaders, first responders, and kinship

1 caregivers) for appropriately identifying, responding to,
2 and supporting infants, children, and youth, and their
3 families, as appropriate, who have experienced or are at
4 risk of experiencing trauma. Front-line service providers
5 may also include programs focused on adults who them-
6 selves have experience trauma or whose children have ex-
7 perience trauma, including programs related to healthy
8 marriage and responsible fatherhood, child support, and
9 temporary assistance to needy families. Such toolkits shall
10 incorporate best practices developed under section 7132(d)
11 of the SUPPORT for Patients and Communities Act
12 (Public Law 115–271), and include actions to build a safe,
13 stable, and nurturing environment for the infants, chil-
14 dren, and youth served in those settings, capacity building,
15 and strategies for addressing the impact of secondary
16 trauma, compassion fatigue, and burnout among such
17 front-line service providers.

18 **SEC. 206. CHILDREN EXPOSED TO VIOLENCE INITIATIVE.**

19 Title I of the Omnibus Crime Control and Safe
20 Streets Act of 1968 (34 U.S.C. 10101) is amended by
21 adding at the end the following:

1 **“PART OO—CHILDREN EXPOSED TO VIOLENCE**
2 **AND ADDICTION INITIATIVE**
3 **“SEC. 3051. GRANTS TO IDENTIFY AND SUPPORT CHILDREN**
4 **EXPOSED TO VIOLENCE AND SUBSTANCE**
5 **USE.**

6 “(a) IN GENERAL.—The Attorney General may make
7 grants to States, units of local government, Indian tribes
8 and tribal organizations (as such terms are defined in sec-
9 tion 4 of the Indian Self-Determination Act and Edu-
10 cation Assistance Act), and nonprofit organizations to re-
11 duce violence and substance use by preventing exposure
12 to trauma, violence, or substance use and identifying and
13 supporting infants, children, and youth, and their families,
14 as appropriate, exposed to trauma, violence, or substance
15 use.

16 “(b) USE OF FUNDS.—A grant under subsection (a)
17 may be used to implement trauma-informed policies and
18 practices that support infants, children, youth, and their
19 families, as appropriate, by—

20 “(1) building public awareness and education,
21 and improving policies and practices;

22 “(2) providing training, tools, and resources to
23 develop the skills and capacity of parents (including
24 foster parents), adult guardians, and professionals
25 who interact directly with infants, children, and
26 youth, and their families, as appropriate, in an orga-

nized or professional setting, including through the best practices developed under section 7132(d) of the SUPPORT for Patients and Communities Act (Public Law 115–271); and

“(3) providing technical assistance to communities, organizations, and public agencies on how to prevent and mitigate the impact of exposure to trauma, violence, or substance use.

“(c) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section \$11,000,000 for each of fiscal years 2020 through 2024.”.

SEC. 207. ESTABLISHMENT OF LAW ENFORCEMENT CHILD AND YOUTH TRAUMA COORDINATING CENTER.

(a) ESTABLISHMENT OF CENTER.—

(1) IN GENERAL.—The Attorney General shall establish a National Law Enforcement Child and Youth Trauma Coordinating Center (referred to in this section as the “Center”) to provide assistance to adult- and juvenile-serving State, local, and tribal law enforcement agencies (including those operated by Indian tribes and tribal organizations as such terms are defined in section 4 of the Indian Self-Determination Act and Education Assistance Act) in interacting with infants, children, and youth who

1 have been exposed to violence or other trauma, and
2 their families as appropriate.

3 (2) AGE RANGE.—The Center shall determine
4 the age range of infants, children, and youth to be
5 covered by the activities of the Center.

6 (b) DUTIES.—The Center shall provide assistance to
7 adult- and juvenile-serving State, local, and tribal law en-
8 forcement agencies by—

9 (1) disseminating information on the best prac-
10 tices for law enforcement officers, which may include
11 best practices based on evidence-based and evidence-
12 informed models from programs of the Department
13 of Justice and the Office of Justice Services of the
14 Bureau of Indian Affairs or the best practices devel-
15 oped under section 7132(d) of the SUPPORT for
16 Patients and Communities Act (Public Law 115–
17 271), such as—

18 (A) models developed in partnership with
19 national law enforcement organizations, Indian
20 tribes, or clinical researchers; and

21 (B) models that include—

22 (i) culturally sensitive, trauma-in-
23 formed approaches to conflict resolution,
24 information gathering, forensic inter-

1 viewing, de-escalation, and crisis interven-
2 tion training;

3 (ii) early interventions that link child
4 and youth witnesses and victims, and their
5 families as appropriate, to age-appropriate
6 trauma-informed services; and

7 (iii) preventing and supporting offi-
8 cers who experience secondary trauma;

9 (2) providing professional training and technical
10 assistance; and

11 (3) awarding grants under subsection (c).

12 (c) GRANT PROGRAM.—

13 (1) IN GENERAL.—The Attorney General, act-
14 ing through the Center, may award grants to State,
15 local, and tribal law enforcement agencies or to
16 multi-disciplinary consortia to—

17 (A) enhance the awareness of best prac-
18 tices for trauma-informed responses to infants,
19 children, and youth who have been exposed to
20 violence or other trauma, and their families as
21 appropriate; and

22 (B) provide professional training and tech-
23 nical assistance in implementing the best prac-
24 tices described in subparagraph (A).

1 (2) APPLICATION.—Any State, local, or tribal
2 law enforcement agency seeking a grant under this
3 subsection shall submit an application to the Attor-
4 ney General at such time, in such manner, and con-
5 taining such information as the Attorney General
6 may require.

7 (3) USE OF FUNDS.—A grant awarded under
8 this subsection may be used to—

9 (A) provide training to law enforcement of-
10 ficers on best practices, including how to iden-
11 tify and appropriately respond to early signs of
12 trauma and violence exposure when interacting
13 with infants, children, and youth, and their
14 families, as appropriate; and

15 (B) establish, operate, and evaluate a re-
16 ferral and partnership program with trauma-in-
17 formed clinical mental health, substance use,
18 health care, or social service professionals in the
19 community in which the law enforcement agen-
20 cy serves.

21 (d) AUTHORIZATION OF APPROPRIATIONS.—There
22 are authorized to be appropriated to the Attorney Gen-
23 eral—

1 (1) \$6,000,000 for each of fiscal years 2020
2 through 2024 to award grants under subsection (c);
3 and

4 (2) \$2,000,000 for each of fiscal years 2020
5 through 2024 for other activities of the Center.

6 **SEC. 208. NATIONAL INSTITUTES OF HEALTH REPORT ON**
7 **TRAUMA.**

8 Not later than 1 year after the date of the enactment
9 of this Act, the Director of the National Institutes of
10 Health shall submit to Congress a report on the activities
11 of the National Institutes of Health with respect to trau-
12 ma (including trauma that stems from child abuse, expo-
13 sure to violence, addiction and substance use, and toxic
14 stress) and the implications of trauma for infants, chil-
15 dren, and youth, and their families, as appropriate. Such
16 report shall include—

17 (1) the comprehensive research agenda of the
18 National Institutes of Health with respect to trau-
19 ma;

20 (2) the capacity, expertise, and review mecha-
21 nisms of the National Institutes of Health with re-
22 spect to the evaluation and examination of research
23 proposals related to child trauma, including coordi-
24 nation across institutes and centers and inclusion of

1 trauma impact statements within relevant grants fo-
2 cused on serving children and families;

3 (3) the relevance of trauma to other diseases,
4 outcomes, and domains;

5 (4) strategies to link and analyze data from
6 multiple independent sources, including child wel-
7 fare, health care (including mental health care), law
8 enforcement, and education systems, to enhance re-
9 search efforts and improve health outcomes;

10 (5) the efficacy of existing interventions, includ-
11 ing clinical treatment methods, child- and family-fo-
12 cused prevention models, and community-based ap-
13 proaches, in mitigating the effects of experiencing
14 trauma and improving health and societal outcomes;
15 and

16 (6) identification of gaps in understanding in
17 the field of trauma and areas of greatest need for
18 further research related to trauma.

○