

117TH CONGRESS
1ST SESSION

H. R. 3792

To amend the Public Health Service Act to support the development and implementation of programs using data analysis to identify and facilitate strategies to improve outcomes for children in geographic areas with a high prevalence of trauma from exposure to adverse childhood experiences, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JUNE 8, 2021

Ms. PRESSLEY (for herself, Mrs. CAROLYN B. MALONEY of New York, Ms. NORTON, Mrs. HAYES, Mr. COOPER, Mr. VEASEY, Mr. RASKIN, Ms. BUSH, and Ms. OCASIO-CORTEZ) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to support the development and implementation of programs using data analysis to identify and facilitate strategies to improve outcomes for children in geographic areas with a high prevalence of trauma from exposure to adverse childhood experiences, and for other purposes.

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 “Services and Trauma-
5 informed Research of Outcomes in Neighborhoods Grants

1 for Support for Children Act of 2021” or the “STRONG
2 Support for Children Act of 2021”.

3 **SEC. 2. FINDINGS.**

4 Congress finds that—

5 (1) childhood trauma is a pervasive public
6 health issue with long-term negative effects that
7 costs the United States thousands of lives and bil-
8 lions of dollars;

9 (2) addressing childhood and adolescent trauma
10 requires a comprehensive Federal approach that rec-
11 ognizes its severe impact and prioritizes trauma-in-
12 formed prevention and treatment that is reparative,
13 healing-centered, gender-responsive, culturally spe-
14 cific, and community-based;

15 (3) adults who have suffered from adverse
16 childhood experiences are at much greater risk of
17 death, including as the result of heart disease, lung
18 disease, cancer, substance use disorder, and suicide;

19 (4) childhood and adolescent exposures to ad-
20 verse childhood experiences are generational and
21 persistent and can lead to complex trauma and toxic
22 stress impacting brain development and triggering
23 epigenetics;

24 (5) any Federal effort to prevent and treat
25 trauma must acknowledge and address the impact of

1 historic and systemic causal factors, which include,
2 but are not limited to, the trauma of—

3 (A) historical and ongoing systemic racism,
4 sexism, xenophobia, homophobia, transphobia,
5 and ableism that have led to generations of vio-
6 lence and injustice and have robbed commu-
7 nities of their health, freedom, and peace of
8 mind;

9 (B) police brutality, racial profiling, and
10 criminalization, as well as heightened police ac-
11 tivity and surveillance in some areas with high-
12 er police-reported crime, whether as a result of
13 community violence or of racial profiling;

14 (C) poverty and other systemic inequities,
15 including lack of health care, housing insta-
16 bility, poor housing conditions, hunger and food
17 instability and the accompanying malnutrition,
18 and environmental injustice resulting from gen-
19 erations of racist policies, historic redlining,
20 lending discrimination, and workplace discrimi-
21 nation;

22 (D) gender-based violence, including sexual
23 harassment and assault and discriminatory
24 school discipline policies, especially for Black
25 girls and girls of color;

1 (E) western colonization and systemic di-
2 vestment in native communities;

3 (F) family separation policies, including
4 “zero-tolerance” immigration enforcement poli-
5 cies that have resulted in the deportation or the
6 threat of deportation for countless immigrant
7 families and have led to community mistrust
8 and fear of reporting injustices; and

9 (G) war and military presence, including
10 the increased militarization of local, State, and
11 Federal law enforcement agencies; and

12 (6) the COVID–19 global health pandemic has
13 increased and exacerbated the trauma inflicted on
14 young people, specifically young people who—

15 (A) live in communities with higher rates
16 of infection and mortality;

17 (B) have parents who are essential workers
18 or first responders;

19 (C) have parents who have lost their
20 sources of income;

21 (D) have witnessed death;

22 (E) have had their education interrupted;

23 (F) are living without access to green
24 space and space for physical exercise;

1 (G) have become housing insecure and lack
 2 access to nutritious food; and

3 (H) are isolated amidst increased domestic
 4 violence and sexual assault.

5 **SEC. 3. DATA ANALYSIS AND STRATEGY IMPLEMENTATION**
 6 **TO PREVENT AND MITIGATE CHILDHOOD**
 7 **TRAUMA.**

8 Title XXXI of the Public Health Service Act (42
 9 U.S.C. 300kk) is amended by adding at the end the fol-
 10 lowing:

11 **“SEC. 3102. DATA ANALYSIS AND STRATEGY IMPLEMENTA-**
 12 **TION TO PREVENT AND MITIGATE CHILD-**
 13 **HOOD TRAUMA.**

14 “(a) IN GENERAL.—The Secretary shall establish a
 15 program—

16 “(1) to support the development and implemen-
 17 tation of programs that use data analysis methods
 18 to identify and facilitate strategies for early inter-
 19 vention and prevention, in order to prevent and miti-
 20 gate childhood trauma and support communities and
 21 families, including—

22 “(A) improving connections through care
 23 coordination;

24 “(B) aligning community initiatives in tar-
 25 geted areas of need; and

1 “(C) expanding community capacity
2 through cross-sector collaboration; and

3 “(2) to evaluate the effectiveness of these pro-
4 grams in improving outcomes for children.

5 “(b) GRANTS.—The Secretary shall award grants to
6 up to 5 eligible entities to carry out the activities described
7 in subsection (a).

8 “(c) USE OF FUNDS.—A grant for activities under
9 this section shall be used to support the development and
10 implementation of programs that use data analysis meth-
11 ods to identify and facilitate strategies for early interven-
12 tion and prevention, in order to prevent and mitigate
13 childhood trauma and support communities and families,
14 including as follows:

15 “(1) Utilize data analysis methods to—

16 “(A) identify specific geographic areas,
17 such as census tracts, with a high prevalence of
18 adverse childhood experiences and significant
19 risk factors for poor outcomes for children
20 (such as increased risk of experiencing adverse
21 childhood experiences), including areas with
22 high rates of—

23 “(i) poor public health outcomes in-
24 cluding illness, disease, suicide, and mor-
25 tality;

1 “(ii) exclusionary discipline practices,
2 including suspensions, expulsions, and re-
3 ferrals to law enforcement, as well as low
4 graduation rates;

5 “(iii) substance use disorders;

6 “(iv) poverty;

7 “(v) foster system involvement or re-
8 ferrals;

9 “(vi) housing instability and homeless-
10 ness;

11 “(vii) food insecurity;

12 “(viii) inequity, including disparities
13 in income, wealth, employment, educational
14 attainment, health care access, and public
15 health outcomes, along lines of race, sex,
16 sexuality and gender identity, ethnicity, or
17 nationality;

18 “(ix) incarceration rates; or

19 “(x) other indicators of adversity as
20 defined by the Secretary; and

21 “(B) identify strategies to improve out-
22 comes for children aged 0 through 17 that build
23 on strengths in communities that could be fur-
24 ther supported, including—

1 “(i) existing support networks for
2 families; and

3 “(ii) enhanced connections to commu-
4 nity-based organizations.

5 “(2) Implement strategies identified pursuant
6 to paragraph (1)(B) to facilitate outreach and in-
7 volvement of children and their caregivers in Fed-
8 eral, State, or local programs that provide repar-
9 ative, gender-responsive, culturally specific, and
10 trauma-informed prevention services, and for which
11 children and their caregivers are eligible, including—

12 “(A) home visiting programs;

13 “(B) training and education on parenting
14 skills;

15 “(C) substance use disorder prevention and
16 treatment that is voluntary and noncoercive;

17 “(D) mental health supports and care that
18 is voluntary and noncoercive;

19 “(E) family and intimate partner violence
20 prevention services;

21 “(F) child advocacy center programming;

22 “(G) economic and nutrition support serv-
23 ices;

24 “(H) housing support services, including
25 emergency and temporary shelter for those ex-

1 periencing homelessness and housing insecurity,
2 as well as stable, long-term housing;

3 “(I) voluntary, noncoercive, gender-respon-
4 sive, and culturally specific mental health sup-
5 ports in school and early childhood education
6 center-based settings;

7 “(J) wraparound programs for
8 transitioning youth and youth currently in the
9 foster system;

10 “(K) programming to support the health
11 and well-being of lesbian, gay, bisexual,
12 transgender, and intersex children and their
13 families; and

14 “(L) family resource center services.

15 “(d) SPECIAL RULES.—

16 “(1) PRIMARY PAYER RESTRICTION.—The Sec-
17 retary may not award a grant under this section to
18 an eligible entity for a service if the service to be
19 provided is available pursuant to the State plan ap-
20 proved under title XIX of the Social Security Act for
21 the State in which the program funded by the grant
22 is being conducted unless the State and all eligible
23 subdivisions involved—

1 “(A) will enter into agreements with public
2 or nonprofit private entities under which the
3 entities will provide the service; and

4 “(B) demonstrate that the State and all el-
5 igible subdivisions will ensure that the entities
6 providing the service—

7 “(i) will seek payment for each such
8 service rendered in accordance with the
9 usual payment schedule under the State
10 plan; and

11 “(ii) the entities have entered into a
12 participation agreement and are qualified
13 to receive payments under such plan.

14 “(2) IMPLEMENTATION.—An eligible entity that
15 receives a grant under this section may use—

16 “(A) not more than 25 percent of the
17 amounts made available through the grant for
18 the first 24 months of the grant period to uti-
19 lize data analysis methods to—

20 “(i) identify specific geographic areas
21 where care coordination, prevention and
22 early intervention, and facilitation services
23 will be provided; and

24 “(ii) identify support and intervention
25 services to improve outcomes for children

1 located in a geographic area identified
2 under subsection (c)(1)(A); and

3 “(B) not more than 10 percent of the
4 grant in each subsequent year to continue data
5 analysis activities.

6 “(3) ADMINISTRATION.—An eligible entity that
7 receives a grant under this section may not use more
8 than 5 percent of amounts received through the
9 grant for administration, reporting, and program
10 oversight functions, including the development of
11 systems to improve data collection and data sharing
12 for the purposes of improving services and the provi-
13 sion of care.

14 “(4) PRIORITY.—

15 “(A) IN GENERAL.—In awarding grants
16 under this section, the Secretary shall give pri-
17 ority, to the extent practical, to eligible entities
18 that use community-based system dynamic
19 modeling as the primary data analysis method.

20 “(B) SYSTEM DYNAMIC MODELING DE-
21 FINED.—The term ‘system dynamic modeling’
22 means a method of data analysis and predictive
23 modeling that includes—

24 “(i) utilization of community-based
25 participatory research methods for involv-

1 ing community in the process of under-
2 standing and changing systems and evalu-
3 ating outcomes of grants;

4 “(ii) consideration of a multitude of
5 environmental risk factors and ascertain-
6 ment of the significance of contributing
7 community risk factors for purposes of
8 identifying strategies to reduce adverse
9 child outcomes, including—

10 “(I) maltreatment cases;

11 “(II) involvement with the juve-
12 nile criminal legal system or foster
13 system;

14 “(III) exclusionary school dis-
15 cipline; or

16 “(IV) exposure to violence; and

17 “(iii) identification of cross-sector re-
18 sponses involving reparative, trauma-in-
19 formed, culturally specific, gender-respon-
20 sive, and community-based organizations
21 to reduce adverse child outcomes.

22 “(5) SUBGRANT.—

23 “(A) IN GENERAL.—An eligible entity that
24 receives a grant under this section shall use at
25 least 25 percent of the total amount of the

1 grant to make subgrants to organizations that
2 aide in implementing the strategy identified
3 under subsection (c)(1)(B) for preventing and
4 mitigating childhood trauma and supporting
5 communities and families.

6 “(B) ELIGIBILITY.—To be eligible to re-
7 ceive a subgrant under this paragraph, an orga-
8 nization shall prepare and submit to the eligible
9 entity an application in such form, and con-
10 taining such information, as the eligible entity
11 may require, including evidence that the—

12 “(i) needs of the population to be
13 served are urgent and are not met by the
14 services currently available in the geo-
15 graphic area; and

16 “(ii) the organization has the capacity
17 to provide the services listed in subsection
18 (c)(2).

19 “(C) SUPPLEMENT NOT SUPPLANT.—
20 Subgrant funds received pursuant to this para-
21 graph by an organization shall be used to sup-
22 plement and not supplant State or local funds
23 provided to the partnership organization for
24 services listed in subsection (c)(2).

1 “(e) APPLICATION.—To be eligible to receive a grant
2 under this section, an eligible entity shall submit to the
3 Secretary an application in such form, and containing
4 such information, as the Secretary may require, to include
5 the following:

6 “(1) A demonstration that—

7 “(A) the applicant utilizes trauma-in-
8 formed, culturally specific, and gender-respon-
9 sive practices, including a demonstration of the
10 extent to which the applicant has trained staff
11 in these practices;

12 “(B) the applicant has the capacity to ad-
13 minister the grant, including conducting all re-
14 quired data analysis activities; and

15 “(C) services will be provided to children
16 and families in an accessible, culturally rel-
17 evant, and linguistically specific manner con-
18 sistent with local needs.

19 “(2) A preliminary analysis of how the appli-
20 cant will use the grant to—

21 “(A) identify the geographic area or areas
22 to be served using data analysis methods;

23 “(B) utilize data analysis methods to iden-
24 tify strategies to improve outcomes for children
25 in the geographic area;

1 “(C) facilitate strategies identified through
2 care coordination efforts; and

3 “(D) track data for evaluation of out-
4 comes.

5 “(3) A detailed project plan for the use of the
6 grant that includes anticipated technical assistance
7 needs.

8 “(4) Additional funding sources, including State
9 and local funds, supporting the prevention and miti-
10 gation of adverse childhood experiences.

11 “(f) GRANT AMOUNT.—The amount of a grant under
12 this section shall not exceed \$9,500,000.

13 “(g) PERIOD OF A GRANT.—The period of a grant
14 under this section shall not exceed 7 years.

15 “(h) SERVICE PROVISION WITHOUT REGARD TO
16 ABILITY TO PAY.—As a condition on receipt of a grant
17 under this section, an eligible entity shall agree that any
18 assistance provided to an individual through the grant will
19 be provided without regard to—

20 “(1) the ability of the individual to pay for such
21 services;

22 “(2) the current or past health condition of the
23 individual to be served;

24 “(3) the immigration status of the individual to
25 be served;

1 “(4) the sexual orientation and gender identity
2 of the individual to be served; and

3 “(5) any prior involvement of the individual in
4 the criminal legal system.

5 “(i) PROHIBITIONS.—In addition to any other prohi-
6 bitions determined by the Secretary, an eligible entity may
7 not use a grant under this section to—

8 “(1) use data analysis methods to inform indi-
9 vidual case decisions, including child removal or
10 placement decisions, or to target services at certain
11 individuals or families;

12 “(2) require any individual or family to partici-
13 pate in any service or program as a condition of re-
14 ceipt of a benefit to which the individual or family
15 is otherwise eligible;

16 “(3) increase the presence or funding of law en-
17 forcement surveillance, involvement, or activity in
18 implementing the strategies identified under sub-
19 section (c)(1)(B); or

20 “(4) enable the practice of conversion therapy.

21 “(j) EVALUATION.—

22 “(1) DATA MODEL EVALUATION.—Not later
23 than 36 months after the date of enactment of this
24 section, the Assistant Secretary for Planning and
25 Evaluation of the Department of Health and Human

1 Services, in coordination with the grantees receiving
2 a grant under this section, shall complete an evalua-
3 tion of the effectiveness of the data model accuracy
4 of the grant program under this section to address
5 each of the following:

6 “(A) Determining the effectiveness of the
7 grantees’ use of data analysis methods to iden-
8 tify geographic areas pursuant to subsection
9 (c)(1).

10 “(B) Examining the grantees’ development
11 and utilization of data analysis methods.

12 “(C) Examining the grantees’ ability to ef-
13 fectively utilize data analysis methods in future
14 prevention work.

15 “(D) Establishing a method for rigorously
16 evaluating the activities of grantees and com-
17 paring the reduction of child and family expo-
18 sure to adverse experiences in other commu-
19 nities with similar demographics.

20 “(E) Examining the grantees’ utilization of
21 community-based system dynamics modeling
22 methods and other community engagement
23 methods.

24 “(2) PROGRAM EVALUATION.—Not later than 6
25 years after the date of enactment of this section, the

1 Assistant Secretary for Planning and Evaluation of
2 the Department of Health and Human Services, in
3 coordination with eligible entities receiving grants
4 under this section, shall complete an evaluation of
5 the effectiveness of the grant program under this
6 section.

7 “(3) DATA COLLECTION.—

8 “(A) IN GENERAL.—The Assistant Sec-
9 retary for Planning and Evaluation of the De-
10 partment of Health and Human Services and
11 each eligible entity receiving a grant under this
12 section shall collect any relevant data necessary
13 to complete the evaluations required by para-
14 graphs (1) and (2) to include—

15 “(i) the activities funded by the grant
16 under this section, including development
17 and implementation data analysis methods;

18 “(ii) the number of children and of
19 families receiving coordination and facilita-
20 tion of care and services; and

21 “(iii) the effect of activities supported
22 by the grant under this section on the local
23 area serviced by the program, including
24 such effects on—

1 “(I) children and adolescents’
2 health and well-being;

3 “(II) the number of children who
4 enter into or depart from foster serv-
5 ices; and

6 “(III) homelessness and housing
7 insecurity.

8 “(B) STUDY.—

9 “(i) IN GENERAL.—Not later than 7
10 years after the date of enactment of this
11 section, the Assistant Secretary for Plan-
12 ning and Evaluation of the Department of
13 Health and Human Services shall—

14 “(I) complete a study on the re-
15 sults of the grant program under this
16 section using the community-based
17 participatory action research method,
18 which focuses on social, structural,
19 and physical environmental inequities
20 through active involvement of commu-
21 nity members, clients, organizational
22 representatives, and researchers in all
23 aspects of the research process; and

24 “(II) submit a report on the re-
25 sults of the study to the Congress.

1 “(ii) PARTNERS.—In conducting the
2 study under clause (i), the Assistant Sec-
3 retary for Planning and Evaluation of the
4 Department of Health and Human Serv-
5 ices shall ensure that partners and persons
6 that have participated in the grant pro-
7 gram under this section on every level, es-
8 pecially those such partners or persons re-
9 ceiving services and support through the
10 program, have an opportunity to contribute
11 their expertise to evaluating the strategy
12 and outcomes.

13 “(k) REPORT.—Not later than three months after the
14 completion of the evaluation required by subsection (j)(2),
15 the Assistant Secretary for Planning and Evaluation of
16 the Department of Health and Human Services shall sub-
17 mit to Congress and make available to the public on the
18 internet website of the Department of Health and Human
19 Services a report based upon the evaluation under sub-
20 section (j)(2), to include—

21 “(1) the impact of the program under this sec-
22 tion on homelessness and housing insecurity, sub-
23 stance use disorder and drug deaths, incarceration,
24 foster system involvement, and other child and fam-
25 ily outcomes as identified by the Assistant Secretary

1 for Planning and Evaluation of the Department of
2 Health and Human Services;

3 “(2) an analysis of which elements of the pro-
4 gram should be replicated and scaled by govern-
5 mental or non-governmental entities; and

6 “(3) such recommendations for legislation and
7 administrative action as the Secretary determines
8 appropriate.

9 “(l) DEFINITION.—In this section:

10 “(1) The term ‘adverse childhood experience’
11 means a potentially traumatic experience that occurs
12 in childhood and can have a tremendous impact on
13 the child’s lifelong health and opportunity outcomes,
14 such as any of the following:

15 “(A) Abuse, such as any of the following:

16 “(i) Emotional and psychological
17 abuse.

18 “(ii) Physical abuse.

19 “(iii) Sexual abuse.

20 “(B) Household challenges such as any of
21 the following:

22 “(i) A household member is treated
23 violently.

24 “(ii) A household member has a sub-
25 stance use disorder.

1 “(iii) A household member has a men-
2 tal health condition.

3 “(iv) Parental separation or divorce.

4 “(v) A household member is incarcerated,
5 ated, placed in immigrant detention, or has
6 been deported.

7 “(vi) A household member has a life-
8 threatening illness such as COVID–19.

9 “(C) Neglect.

10 “(D) Living in—

11 “(i) impoverished communities that
12 lack access to human services;

13 “(ii) areas of high unemployment
14 neighborhoods; or

15 “(iii) communities experiencing de
16 facto segregation.

17 “(E) Experiencing food insecurity and
18 poor nutrition.

19 “(F) Witnessing violence.

20 “(G) Involvement with the foster system.

21 “(H) Experiencing discrimination.

22 “(I) Dealing with historical and ongoing
23 traumas due to systemic and interpersonal rac-
24 ism.

1 “(J) Dealing with historical and ongoing
2 traumas regarding systemic and interpersonal
3 sexism, homophobia, biphobia, and transphobia.

4 “(K) Dealing with the threat of deporta-
5 tion or detention as a result of immigration sta-
6 tus.

7 “(L) The impacts of multigenerational pov-
8 erty resulting from limited educational and eco-
9 nomic opportunities.

10 “(M) Living through natural disasters
11 such as earthquakes, forest fires, floods, or hur-
12 ricanes.

13 “(2) The term ‘eligible entity’ means a State or
14 local health department.

15 “(3) The term ‘practice of conversion ther-
16 apy’—

17 “(A) means any practice or treatment by
18 any person that seeks to change another indi-
19 vidual’s sexual orientation or gender identity,
20 including efforts to change behaviors or gender
21 expressions, or to eliminate or reduce sexual or
22 romantic attractions or feelings toward individ-
23 uals of the same gender, if such person receives
24 monetary compensation in exchange for any
25 such practice or treatment; and

1 “(B) does not include any practice or
 2 treatment that does not seek to change sexual
 3 orientation or gender identity and—

4 “(i) provides assistance to an indi-
 5 vidual undergoing a gender transition; or

6 “(ii) provides acceptance, support,
 7 and understanding of a client or facilita-
 8 tion of a client’s coping, social support,
 9 and identity exploration and development.

10 “(m) AUTHORIZATION OF APPROPRIATIONS.—There
 11 is authorized to be appropriated to carry out this section
 12 for the period of fiscal years 2021 through 2028—

13 “(1) to carry out subsection (a)(1) through the
 14 award of grants under subsection (b)—

15 “(A) \$47,500,000 for grants; and

16 “(B) such sums as may be necessary for
 17 the administrative costs of carrying out such
 18 subsection; and

19 “(2) \$7,500,000 to carry out the evaluation
 20 under subsection (a)(2).”.

21 **SEC. 4. CARE COORDINATION GRANTS.**

22 Part E of title XII of the Public Health Service Act
 23 (42 U.S.C. 300d–51 et seq.) is amended by adding at the
 24 end the following new section:

1 **“SEC. 1255. CARE COORDINATION GRANTS.**

2 “(a) IN GENERAL.—The Secretary shall award
3 grants to eligible entities to establish or expand trauma-
4 informed care coordination services to support—

5 “(1) children aged 0 through 5 at risk of ad-
6 verse childhood experiences; and

7 “(2) their caregivers, including prenatal people
8 of any age.

9 “(b) NUMBER OF GRANTS.—Subject to the avail-
10 ability of appropriations, the Secretary shall award not
11 fewer than 9 and not more than 40 grants under this sec-
12 tion.

13 “(c) AMOUNT OF GRANTS.—Subject to the avail-
14 ability of appropriations, the amount of a grant under this
15 section for a fiscal year shall be—

16 “(1) not less than \$250,000; and

17 “(2) not more than \$1,000,000.

18 “(d) ELIGIBLE ENTITIES.—To be eligible to receive
19 a grant under this section, an entity shall be a local gov-
20 ernment or Indian Tribe, acting through the public health
21 department thereof if such government or Tribe has a
22 public health department.

23 “(e) PRIORITY.—

24 “(1) IN GENERAL.—In awarding grants under
25 this section, the Secretary shall give priority to eligi-
26 ble entities proposing to serve communities with a

1 high need for trauma-informed care coordination
2 services, as demonstrated by indicators such as—

3 “(A) pregnant people who face barriers to
4 prenatal care;

5 “(B) mortality or morbidity of people giving birth or infants;

7 “(C) caretakers and parents who are living
8 with a mental health condition or substance use
9 disorder;

10 “(D) a high prevalence of community violence,
11 including domestic violence, as demonstrated by instances of homicide and public
12 health statistics, including treatment of injury
13 or trauma;

15 “(E) high proportions of low-income children;

17 “(F) a high prevalence of child fatalities or
18 near fatalities related to child abuse and neglect;

20 “(G) significant disparities in health outcomes for people giving birth and infants;

22 “(H) a high rate of exclusionary discipline
23 and referrals to law enforcement; and

24 “(I) a high rate of homelessness and housing instability.

1 “(2) DATA FROM TRIBAL AREAS.—The Sec-
2 retary, acting through the Director of the Indian
3 Health Service, shall consult with Indian Tribes to
4 establish criteria to measure indicators of need, for
5 purposes of paragraph (1), with respect to Tribal
6 areas.

7 “(f) USE OF FUNDS.—

8 “(1) REQUIRED USES.—

9 “(A) IN GENERAL.—A grant received
10 under this section shall be used to establish or
11 expand gender-responsive, culturally specific,
12 trauma-informed care coordination services, in-
13 cluding by instituting and conducting risk and
14 needs assessments including—

15 “(i) using strengths-based approaches
16 focused on protective factors for children
17 and their caregivers, including prenatal
18 people of any age; and

19 “(ii) inputting screening results into a
20 centralized intake system to promote a sin-
21 gle point of access system across providers
22 and services.

23 “(B) TRAINING.—A grant received under
24 this section shall be used to ensure that individ-
25 uals employed through the grant funds, in

1 whole or in part, have received sufficient and
2 up-to-date training on trauma-informed care
3 and strategies that are reparative, culturally
4 sensitive, gender-responsive, and healing-cen-
5 tered.

6 “(2) PERMISSIBLE USES.—A grant received
7 under this section may be used for any of the fol-
8 lowing:

9 “(A) Employing care coordinators, case
10 managers, community health workers, certified
11 infant mental health specialists, and outreach
12 and engagement specialists to work with chil-
13 dren and their caregivers, including prenatal in-
14 dividuals, to prevent and respond to adverse
15 childhood experiences by connecting clients with
16 culturally specific, trauma-informed care treat-
17 ment services, including economic, social, food,
18 and housing supports.

19 “(B) Providing training described in para-
20 graph (1)(B) to community health providers
21 and community partners.

22 “(C) Expanding, enhancing, modifying,
23 and connecting the existing network of commu-
24 nity programs and services to achieve a more

1 comprehensive and coordinated system of care
2 approach, including—

3 “(i) developing local infrastructure to
4 bolster and shape community support sys-
5 tems and map and build access to services
6 in a coordinated and comprehensive way;
7 and

8 “(ii) creating infrastructure to con-
9 duct outreach to children and families, in-
10 cluding those experiencing homelessness
11 and housing instability, so they acquire ac-
12 cess to the services and supports they need
13 and the benefits to which they are entitled.

14 “(D) Compiling information on resources
15 (including any referral services) available
16 through community-based organizations and
17 local, State, and Federal agencies, such as—

18 “(i) programs addressing social deter-
19 minants of health, including—

20 “(I) emergency, temporary, and
21 long-term housing;

22 “(II) programs that offer free or
23 affordable and nutritious food;

24 “(III) vocational and workforce
25 development; and

- 1 “(IV) transportation supports;
- 2 “(ii) home visiting programs for new
- 3 parents and their infants;
- 4 “(iii) workforce development programs
- 5 to support caregivers in skill building;
- 6 “(iv) trauma-responsive, parenting
- 7 skills-building programs;
- 8 “(v) the continuum of substance use
- 9 prevention, intervention, and treatment
- 10 programs and mental health support pro-
- 11 grams, including programs with trauma-in-
- 12 formed, gender-responsive, and culturally
- 13 specific counseling; and
- 14 “(vi) childcare support and early
- 15 childhood education, including Head Start
- 16 and Early Head Start programs.
- 17 “(E) Subject to subsection (g)(2), estab-
- 18 lishing or updating a database that compiles
- 19 data used to track the effectiveness of the care
- 20 coordination services funded through the grant.
- 21 “(F) Developing and implementing referral
- 22 partnership agreements with community-based
- 23 organizations, parent organizations, substance
- 24 use disorder treatment providers and facilities,
- 25 housing and shelter providers, health care pro-

1 viders, mental health care providers, and Fed-
2 eral and State offices and programs that imple-
3 ment practices to support children ages 0
4 through 5 who are at risk of adverse childhood
5 experiences and their caregivers, including pre-
6 natal people. Such practices shall include—

7 “(i) a bilateral ‘warm handoff’ system
8 whereby a grantee understands the needs
9 of the children and their families, and fam-
10 ilies are involved in addressing these needs;
11 and

12 “(ii) an active service connection
13 whereby the children and families are each
14 actively connected with a resource in a
15 well-coordinated way that ensures avail-
16 ability and direct contact.

17 “(G) Supporting cross-system planning
18 and collaboration among employees who may
19 work in emergency medical services, health care
20 services, public health, early childhood edu-
21 cation, and substance use disorder treatment
22 and recovery support.

23 “(H) Providing or subsidizing services to
24 address barriers that children, prenatal individ-
25 uals, and caregivers face to utilizing community

1 resources and services, such as by providing or
2 subsidizing transportation or childcare costs as
3 applicable and within reasonable amounts.

4 “(I) Creating or expanding infrastructure
5 and investing in technology, including the provi-
6 sion of communications technology and internet
7 service to children and their caregivers, to en-
8 able increased telemedicine capabilities to reach
9 participants.

10 “(3) INDIAN TRIBES.—In the case of an eligible
11 entity that is an Indian tribe, the Secretary may
12 waive such provisions of this subsection as the Sec-
13 retary determines appropriate.

14 “(4) PROHIBITIONS.—In addition to any other
15 prohibitions determined by the Secretary, an eligible
16 entity may not use a grant under this section to—

17 “(A) use data analysis methods to inform
18 individual case decisions, including child re-
19 moval or placement decisions, or to target serv-
20 ices at certain individuals or families;

21 “(B) require any individual or family to
22 participate in any service or program as a con-
23 dition of receipt of a benefit to which the indi-
24 vidual or family is otherwise eligible; or

1 “(C) increase the presence or funding of
2 law enforcement surveillance, involvement, or
3 activity in connection with trauma-informed
4 care coordination services supported pursuant
5 to this section.

6 “(g) REQUIREMENTS.—As a condition on receipt of
7 a grant under this section, an eligible entity shall agree
8 to each of the following funding conditions:

9 “(1) RESTRICTION OF FUNDING ALLOCATION.—
10 The eligible entity will not use more than 30 percent
11 of the funds made available to the entity through the
12 grant (for the total grant period) to establish or up-
13 date a database pursuant to subsection (f)(2)(E).

14 “(2) ACCESSIBLE SETTING.—

15 “(A) IN GENERAL.—The eligible entity will
16 ensure that all care coordination services pro-
17 vided through the grant are provided in a set-
18 ting that is accessible, including through mobile
19 settings, to—

20 “(i) low-income or no-income individ-
21 uals, including individuals experiencing
22 homelessness or housing instability; and

23 “(ii) individuals in rural areas.

24 “(B) COMMUNITY OUTREACH.—In com-
25 plying with subparagraph (A), the eligible entity

1 will ensure that at least 50 percent of the care
2 coordination services provided through the
3 grant occur in community settings that are con-
4 venient to the children and caregivers who are
5 being served, such as homes, schools, and shel-
6 ters, whether for initial outreach or as part of
7 long-term care.

8 “(3) SUPPLEMENT NOT SUPPLANT.—The grant
9 will be used to supplement not supplant other Fed-
10 eral, State, or local funds available for care coordi-
11 nation services.

12 “(4) CONFIDENTIALITY.—The eligible entity
13 will maintain the confidentiality of individuals receiv-
14 ing services through the grant in a manner con-
15 sistent with applicable law.

16 “(5) PARTNERING; RISK STRATIFICATION.—In
17 providing care coordination services through the
18 grant, the eligible entity will—

19 “(A) partner with community-based orga-
20 nizations with experience serving child popu-
21 lations prenatally through age 5;

22 “(B) coordinate with the local agency re-
23 sponsible for administering the State plan ap-
24 proved under title XIX of the Social Security
25 Act; and

1 “(C) employ risk stratification to develop
2 different effective models of care for different
3 populations based on their needs.

4 “(h) APPLICATION.—

5 “(1) IN GENERAL.—To seek a grant under this
6 section, an eligible entity shall submit an application
7 to the Secretary at such time, in such manner, and
8 containing such information, as the Secretary may
9 require.

10 “(2) CONTENTS.—An application under para-
11 graph (1) shall, at a minimum, contain each of the
12 following:

13 “(A) Goals to be achieved through the
14 grant, including the activities that will be un-
15 dertaken to achieve those goals.

16 “(B) The number of individuals likely to
17 be served through the grant, including demo-
18 graphic data on the populations to be served.

19 “(C) Existing programs and services that
20 can be used to significantly increase the propor-
21 tion of children and families who receive needed
22 supports and services.

23 “(D) A plan for expanding, coordinating,
24 or modifying the existing network of programs
25 and services to meet the needs of children and

1 families for preventing and mitigating the traumatic impact of adverse childhood experiences.

3 “(E) A demonstration of the ability of the
4 eligible entity to reach the individuals to be
5 served, including by partnering with local stakeholders.
6

7 “(F) An indication of how the personnel
8 involved are reflective of the communities to be
9 served.

10 “(G) A list of stakeholders with whom the
11 entity plans to partner or consult.

12 “(i) REPORTING BY GRANTEES.—Not later than 4
13 years after the date of enactment of this section, an eligible entity receiving a grant under this section shall submit
14 to the Secretary a report on the activities funded through
15 the grant. Such report shall include, at a minimum, a description of—
17

18 “(1) the number of individuals served through
19 activities funded through the grant, including demographics as applicable;
20

21 “(2) the number of referrals made through the
22 grant and the rate of such referrals successfully
23 linked or closed;

1 “(3) a qualitative analysis or number of collabo-
2 rative partnerships with other organizations in car-
3 rying out the activities funded through the grant;

4 “(4) the number of services provided to individ-
5 uals through the grant;

6 “(5) aggregated and de-identified outcomes ex-
7 perienced by individuals served through the grant
8 such as—

9 “(A) the rate of successful service connec-
10 tions;

11 “(B) any increases in development of pro-
12 tective factors for children;

13 “(C) any increase in development of pro-
14 tective factors for the caregivers;

15 “(D) any mitigation of the negative out-
16 comes associated with adverse childhood experi-
17 ences or decreased likelihood of children experi-
18 encing an adverse childhood experience as evi-
19 denced by—

20 “(i) decreased presence of law en-
21 forcement or other punitive State surveil-
22 lance in the community;

23 “(ii) a parent completing substance
24 use treatment;

1 “(iii) a parent receiving voluntary
 2 treatment for mental health-related condi-
 3 tions;

4 “(iv) a family entering into or main-
 5 taining a stable housing situation;

6 “(v) a family achieving or maintaining
 7 economic security;

8 “(vi) a parent achieving or maintain-
 9 ing job stability; or

10 “(vii) a child meeting developmental
 11 markers for school readiness; and

12 “(E) reports of satisfaction with the co-
 13 ordination of care by people served; and

14 “(6) any other information required by the Sec-
 15 retary.

16 “(j) CONVENING PARTICIPANTS FOR SHARING LES-
 17 SONS LEARNED.—After the period of all grants awarded
 18 under this section has concluded, the Assistant Secretary
 19 for Planning and Evaluation of the Department of Health
 20 and Human Services shall provide an in-person or online
 21 opportunity for persons participating in the programs
 22 funded through this section to share with each other—

23 “(1) lessons learned;

24 “(2) challenges experienced; and

25 “(3) ideas for next steps and solutions.

1 “(k) COMPILING FINDINGS AND CONCLUSIONS.—
2 After providing the opportunity required by subsection (j),
3 the Secretary shall—

4 “(1) compile the findings and conclusions of
5 grantees under this section on the provision of care
6 coordination services described in subsection (a);

7 “(2) submit a report on such findings and con-
8 clusions to the appropriate congressional commit-
9 tees; and

10 “(3) make such report publicly available.

11 “(l) DEFINITIONS.—In this section:

12 “(1) ADVERSE CHILDHOOD EXPERIENCE.—The
13 term ‘adverse childhood experience’ means a poten-
14 tially traumatic experience that occurs in childhood
15 and can have a tremendous impact on the child’s
16 lifelong health and opportunity outcomes, such as
17 any of the following:

18 “(A) Abuse, such as any of the following:

19 “(i) Emotional and psychological
20 abuse.

21 “(ii) Physical abuse.

22 “(iii) Sexual abuse.

23 “(B) Household challenges such as any of
24 the following:

1 “(i) A household member is treated
2 violently.

3 “(ii) A household member has a sub-
4 stance use disorder.

5 “(iii) A household member has a men-
6 tal health condition.

7 “(iv) Parental separation or divorce.

8 “(v) A household member is incarcer-
9 ated, placed in immigrant detention, or has
10 been deported.

11 “(vi) A household member has a life-
12 threatening illness such as COVID-19.

13 “(C) Neglect.

14 “(D) Living in—

15 “(i) impoverished communities that
16 lack access to human services;

17 “(ii) areas of high unemployment
18 neighborhoods; or

19 “(iii) communities experiencing de
20 facto segregation.

21 “(E) Experiencing food insecurity and
22 poor nutrition.

23 “(F) Witnessing violence.

24 “(G) Involvement with the foster system.

25 “(H) Experiencing discrimination.

1 “(I) Dealing with historical and ongoing
2 traumas due to systemic and interpersonal rac-
3 ism.

4 “(J) Dealing with historical and ongoing
5 traumas regarding systemic and interpersonal
6 sexism, homophobia, biphobia, and transphobia.

7 “(K) Dealing with the threat of deporta-
8 tion or detention as a result of immigration sta-
9 tus.

10 “(L) The impacts of multigenerational pov-
11 erty resulting from limited educational and eco-
12 nomic opportunities.

13 “(M) Living through natural disasters
14 such as earthquakes, forest fires, floods, or hur-
15 ricanes.

16 “(2) CARE COORDINATION.—The term ‘care co-
17 ordination’ means an active, ongoing process that—

18 “(A) assists children ages 0 through 5 at
19 risk of, or who have experienced, an adverse
20 childhood experience, and their caregivers, in-
21 cluding prenatal people of any age, to identify,
22 access, and use community resources and serv-
23 ices;

24 “(B) is client-centered and comprehensive
25 of the services a child or caregiver may need;

1 “(C) ensures a closed loop referral by ob-
2 taining feedback from the families served; and

3 “(D) works across systems and services to
4 promote collaboration to effectively meet the
5 needs of community members.

6 “(3) INDIAN TRIBE.—The term ‘Indian Tribe’
7 has the meaning given such term in section 4 of the
8 Indian Self-Determination and Education Assistance
9 Act.

10 “(4) PROTECTIVE FACTORS.—The term ‘protec-
11 tive factors’ refers to any supportive element in a
12 child or caretaker’s life that helps the child or care-
13 taker to withstand trauma such as a stable school
14 environment or supportive peer relationships.

15 “(m) AUTHORIZATION OF APPROPRIATIONS.—

16 “(1) IN GENERAL.—To carry out this section,
17 there is authorized to be appropriated \$15,000,000
18 for each of the 5 fiscal years following the fiscal year
19 in which this section is enacted.

20 “(2) GRANTS TO INDIAN TRIBES.—Of the
21 amount made available to carry out this section for
22 a fiscal year, the Secretary shall use not less than
23 10 percent of such amount for grants to eligible en-
24 tities that are Indian tribes.

1 “(3) ADMINISTRATIVE EXPENSES.—Of the
2 amount made available to carry out this section for
3 a fiscal year, the Secretary may use not more than
4 15 percent of such amount for administrative ex-
5 penses, including the expenses of the Assistant Sec-
6 retary for Planning and Evaluation of the Depart-
7 ment of Health and Human Services for compiling
8 and reporting information.

9 “(4) TECHNICAL ASSISTANCE.—Of the amount
10 made available to carry out this section for a fiscal
11 year, the Secretary may reserve up to 5 percent of
12 such amount to provide technical assistance to eligi-
13 ble entities in preparing and submitting applications
14 under this section.”.

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