

116TH CONGRESS  
1ST SESSION

# S. 1770

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

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IN THE SENATE OF THE UNITED STATES

JUNE 10, 2019

Mr. DURBIN (for himself, Mrs. CAPITO, Ms. DUCKWORTH, and Ms. MURKOWSKI) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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## 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”.

1                   **TITLE I—COMMUNITY**  
2                   **PROGRAMMING**

3 **SEC. 101. TRAUMA-RELATED COORDINATING BODIES.**

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

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

9           “(a) GRANTS.—

10                   “(1) IN GENERAL.—The Secretary, acting  
11 through the Assistant Secretary, shall award grants  
12 to State, county, local, or Indian tribe or tribal orga-  
13 nizations (as such terms are defined in section 4 of  
14 the Indian Self-Determination Act and Education  
15 Assistance Act) or nonprofit private entities for dem-  
16 onstration projects to enable such entities to act as  
17 coordinating bodies to address community trauma.

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

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

22           “(b) ELIGIBLE ENTITIES.—

23                   “(1) IN GENERAL.—To be eligible to receive a  
24 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) criminal justice representatives re-  
2           lated to adults and juveniles, which may include  
3           law enforcement or 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 trauma-informed training and  
17 public outreach campaigns) related to implementing  
18 the best practices developed under section 7132(d)  
19 of the SUPPORT for Patients and Communities Act  
20 (Public Law 115–271) (referred to in this subsection  
21 as the ‘developed best practices’); and

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

24           “(A) policy goals and coordination oppor-  
25 tunities (including coordination in applying for

1 grants) relating to implementing the developed  
2 best practices; and

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

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

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

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

24 “(i) DEFINITION.—In this section, the term ‘covered  
25 setting’ means the settings in which individuals may come

1 into contact with infants, children, youth, and their fami-  
2 lies, as appropriate, who have experienced or are at risk  
3 of experiencing trauma, including schools, hospitals, set-  
4 tings where health care providers, including primary care  
5 and pediatric providers, provide services, early childhood  
6 education and care settings, home visiting settings, after-  
7 school program facilities, child welfare agency facilities,  
8 public health agency facilities, mental health treatment fa-  
9 cilities, substance use treatment facilities, faith-based in-  
10 stitutions, domestic violence agencies, child advocacy cen-  
11 ters, homeless services system facilities, refugee services  
12 system facilities, juvenile justice system facilities, law en-  
13 forcement agency facilities, Healthy Marriage Promotion  
14 or Responsible Fatherhood service settings, child support  
15 service settings, and service settings focused on individuals  
16 eligible for Temporary Assistance for Needy Families.”.

17 **SEC. 102. EXPANSION OF PERFORMANCE PARTNERSHIP**  
18 **PILOT FOR CHILDREN WHO HAVE EXPERI-**  
19 **ENCED OR ARE AT RISK OF EXPERIENCING**  
20 **TRAUMA.**

21 Section 526 of the Departments of Labor, Health and  
22 Human Services, and Education, and Related Agencies  
23 Appropriations Act, 2014 (42 U.S.C. 12301 note) is  
24 amended—



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

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

20           (2) in subsection (b)—

21           (A) in the subsection heading, by striking  
22 “FISCAL YEAR 2014” and inserting “FISCAL  
23 YEARS 2020 THROUGH 2024”;

24           (B) by redesignating paragraphs (1) and  
25 (2) as subparagraphs (A) and (B), respectively,

1 and by moving such subparagraphs, as so re-  
2 designated, 2 ems to the right;

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

5 “(1) DISCONNECTED YOUTH PILOTS.—Federal  
6 agencies”; and

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

8 “(2) TRAUMA-INFORMED CARE PILOTS.—

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

15 “(i) be designed to improve outcomes  
16 for infants, children, and youth, and their  
17 families as appropriate, who have experi-  
18 enced or are at risk of experiencing trau-  
19 ma; and

20 “(ii) involve Federal programs tar-  
21 geted on infants, children, and youth, and  
22 their families as appropriate, who have ex-  
23 perience or are at risk of experiencing  
24 trauma.

1           “(B) PRIORITY.—In making funds avail-  
2           able under this paragraph, a Federal agency  
3           shall give priority to entities that receive grants  
4           under section 520B of the Public Health Serv-  
5           ice Act.”;

6           (3) in subsection (c)(2)—

7                 (A) in subparagraph (A), by striking  
8                 “2018” and inserting “2023”; and

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

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

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

15           (a) SERVICE-LEARNING.—Section 113(a)(2) of the  
16           National and Community Service Act of 1990 (42 U.S.C.  
17           12525(a)(2)) is amended—

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

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

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

23                         “(E) information describing how the appli-  
24                         cant will give priority, in reviewing applications  
25                         under subsection (b), to entities that propose

1 service-learning programs in communities with  
2 high levels of trauma (as defined in section  
3 520B of the Public Health Service Act).”.

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

11 (c) AMERICORPS STATE PROGRAMS.—Section 130(c)  
12 of the National and Community Service Act of 1990 (42  
13 U.S.C. 12582(c)) is amended by adding at the end the  
14 following:

15 “(4) In the case of a State or territory de-  
16 scribed in section 129(e), an assurance that the  
17 State or territory, in distributing grant funds made  
18 available under that section, will give priority to en-  
19 tities proposing national service programs that are  
20 related to the provision of trauma-informed services  
21 in communities with high levels of trauma (as de-  
22 fined in section 520B of the Public Health Service  
23 Act).”.

1 (d) AMERICORPS COMPETITIVE PROGRAMS.—Section  
2 133(d)(2) of the National and Community Service Act of  
3 1990 (42 U.S.C. 12585(d)(2)) is amended—

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

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

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

9 “(D) national service programs that are re-  
10 lated to the provision of trauma-informed serv-  
11 ices in communities with high levels of trauma  
12 (as defined in section 520B of the Public  
13 Health Service Act).”.

14 **SEC. 104. HOSPITAL-BASED INTERVENTIONS TO REDUCE**  
15 **READMISSIONS.**

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

19 “(c) HOSPITAL-BASED INTERVENTIONS TO REDUCE  
20 READMISSIONS.—

21 “(1) GRANTS.—The Secretary, acting through  
22 the Director of the Agency, shall award grants to el-  
23 igible entities to evaluate hospital-based interven-  
24 tions to reduce subsequent readmissions of patients

1 that present at a hospital after overdosing, attempt-  
2 ing suicide, or suffering violent injury or abuse.

3 “(2) ELIGIBLE ENTITIES.—To be eligible to re-  
4 ceive a grant under this subsection and entity  
5 shall—

6 “(A) be a hospital or health system (in-  
7 cluding health systems operated by Indian  
8 tribes or tribal organizations as such terms are  
9 defined in section 4 of the Indian Self-Deter-  
10 mination Act and Education Assistance Act);  
11 and

12 “(B) submit to the Secretary an applica-  
13 tion at such time, in such manner, and con-  
14 taining such information as the Secretary may  
15 require, which shall include demonstrated expe-  
16 rience furnishing successful hospital-based trau-  
17 ma interventions to improve outcomes for pa-  
18 tients presenting after overdosing, attempting  
19 suicide, or suffering violent injury or abuse.

20 “(3) USE OF FUNDS.—An entity shall use  
21 amounts received under a grant under this sub-  
22 section to test and evaluate hospital-based trauma-  
23 informed interventions for patients who present at  
24 hospitals with drug overdoses, suicide attempts, and  
25 violent injuries (such as domestic violence or inten-

1 tional penetrating wounds, including gunshots and  
2 stabbings) to provide comprehensive education,  
3 screening, counseling, discharge planning, skills  
4 building, and long-term case management services to  
5 prevent hospital readmission, injury, and improve  
6 health and safety outcomes. Such interventions may  
7 be furnished in coordination or partnership with  
8 qualified community-based organizations and may  
9 include or incorporate the best practices developed  
10 under section 7132(d) of the SUPPORT for Pa-  
11 tients and Communities Act (Public Law 115–271).

12 “(4) QUALITY MEASURES.—An entity that re-  
13 ceive a grant under this section shall submit to the  
14 Secretary a report on the data and outcomes devel-  
15 oped under the grant, including any quality meas-  
16 ures developed to prevent hospital readmissions for  
17 the patients served under the program involved.”.

18 **SEC. 105. SUPPORTING AT-RISK AND TRAUMA-EXPOSED**  
19 **STUDENTS WITH ARTS OPPORTUNITIES.**

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

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

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

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

5           “(11) projects, programs, and workshops that  
6           provide therapy and creative expression opportuni-  
7           ties through the arts for children, and their families  
8           as appropriate, who have experienced or are at risk  
9           of experiencing trauma.”.

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

12           Part K of title V of the Public Health Service Act  
13 (42 U.S.C. 290ll et seq.) is amended—

14           (1) by redesignating section 550 (42 U.S.C.  
15           290ee–10), relating to sobriety treatment and recov-  
16           ery teams, as section 598; and

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

18 **“SEC. 599. INFANT AND EARLY CHILDHOOD MENTAL**  
19 **HEALTH PARITY.**

20           “(a) IN GENERAL.—The Secretary, in coordination  
21 with the Secretary of Labor and the Secretary of Edu-  
22 cation, shall award grants to, or enter into cooperative  
23 agreements with, States to ensure that health insurance  
24 issuers in the State comply with section 2726, as such sec-



1 tion applies to infant and early childhood mental and be-  
2 havioral health.

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

6 “(1) establish clear guidelines for parity compli-  
7 ance for infant and early childhood mental health  
8 that are evidence-based;

9 “(2) align parity compliance with best practices  
10 for meeting an infant’s Individualized Family Serv-  
11 ice Plan under part C of the Individuals with Dis-  
12 abilities Education Act or a preschool aged child’s  
13 Individualized Education Plan under part B of such  
14 Act, as well as providing Coordinated Early Inter-  
15 venting Services under part B of such Act to pre-  
16 school age children;

17 “(3) engage with health insurance issuers to en-  
18 sure that they comply with the guidelines promul-  
19 gated and other provisions of section 2726, as such  
20 section applies to infant and early childhood mental  
21 health;

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

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

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

7           “(c) AUTHORIZATION OF APPROPRIATIONS.—There  
8           is authorized to be appropriated to carry out this section,  
9           \$10,000,000 for each of fiscal years 2020 through 2024.”.

10 **SEC. 107. STREAMLINING AND COORDINATING TRAUMA**  
11 **GRANT FUNDING.**

12           Not later than 2 years after the date of enactment  
13           of this Act, the Director of the Office of Management and  
14           Budget, in coordination with the Task Force created  
15           under section 7132 of the SUPPORT for Patients and  
16           Communities Act (Public Law 115–271), shall review the  
17           Federal grant programs and funding streams with rel-  
18           evance or potential to furnish the best practices developed  
19           under section 7132(d) of such Act for preventing and miti-  
20           gating the impact of trauma, and issue guidance to agen-  
21           cies on the following:

22           (1) Aligning measurement, reporting, and  
23           timelines for Federal funds used to address commu-  
24           nity trauma.

1           (2) Leveraging different Federal funding  
2 streams to enable effective data sharing, integration,  
3 and privacy to support coordination for addressing  
4 community trauma.

5           (3) Consistency in eligibility requirements and  
6 enrollment pathways for Federal funding to facili-  
7 tate strategies for addressing community trauma.

8           (4) Support for community-level planning ac-  
9 tivities that advance the overall policy goals of each  
10 Federal funding stream.

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

13           (6) The inclusion of trauma impact statements  
14 within relevant grants focused on serving children  
15 and families.

16 **SEC. 108. MEASURING SAVINGS FROM TRAUMA-INFORMED**  
17 **INTERVENTIONS.**

18           (a) IDENTIFICATION OF EFFECTIVE INTERVEN-  
19 TIONS.—The Secretary of Health and Human Services,  
20 acting through the Assistant Secretary for Planning and  
21 Evaluation, and in coordination with the Attorney Gen-  
22 eral, the Secretary of Education, and the Secretary of  
23 Labor, shall conduct a review and analysis of the best  
24 practices developed under section 7132(d) of the SUP-  
25 PORT for Patients and Communities Act (Public Law

1 115–271) (referred to in this section as the “developed  
2 best practices”) that can be furnished through a Federal  
3 grant or health insurance program to prevent and mitigate  
4 the impact of trauma among infants, children, and youth,  
5 and their families, as appropriate, and identify those prac-  
6 tices which hold the most promise to reduce long-term  
7 costs and spending associated with children, including  
8 health care and child welfare costs.

9 (b) CONDUCT OF REVIEW.—In conducting the review  
10 and analysis under subsection (a), the Assistant Secretary  
11 may—

12 (1) solicit public input on the review design,  
13 findings, and conclusions; and

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

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

23 (d) EVALUATING LONG-TERM SAVINGS ASSOCIATED  
24 WITH THE INTERVENTIONS.—The Director of the Office  
25 of Management and Budget shall analyze, determine, and

1 publicly report the cost-savings across the Federal budget  
 2 over 20 years, including an appropriate discount rate, as-  
 3 sociated with the effective implementation of the interven-  
 4 tions identified in subsection (a), when applied in a rep-  
 5 resentative population of children participating in all such  
 6 appropriate Federal grant or health insurance programs  
 7 in a given year, and update these determinations at least  
 8 every 5 years.

## 9 **TITLE II—WORKFORCE** 10 **DEVELOPMENT**

11 **SEC. 201. DIVERSITY TRAINING FOR INDIVIDUALS FROM**  
 12 **COMMUNITIES THAT HAVE EXPERIENCED**  
 13 **HIGH LEVELS OF TRAUMA, VIOLENCE, OR AD-**  
 14 **DICTION.**

15 Part B of title VII of the Public Health Service Act  
 16 (42 U.S.C. 293 et seq.) is amended by adding at the end  
 17 the following:

18 **“SEC. 742. INDIVIDUALS FROM COMMUNITIES THAT HAVE**  
 19 **EXPERIENCED HIGH LEVELS OF TRAUMA, VI-**  
 20 **OLENCE, OR ADDICTION.**

21 “In carrying out activities under this part, the Sec-  
 22 retary shall ensure that emphasis is provided on the re-  
 23 cruitment of individuals from communities that have expe-  
 24 rienced high levels of trauma, violence, or addiction and  
 25 that appropriate activities under this part are carried out

1 in partnership with community-based organizations that  
 2 have expertise in addressing such challenges to enhance  
 3 service delivery.”.

4 **SEC. 202. FUNDING FOR THE NATIONAL HEALTH SERVICE**  
 5 **CORPS.**

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

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

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

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

14 “(G) \$360,000,000 for each of fiscal years  
 15 2020 through 2024.”.

16 **SEC. 203. INFANT AND EARLY CHILDHOOD CLINICAL WORK-**  
 17 **FORCE.**

18 Part P of title III of the Public Health Service Act  
 19 (42 U.S.C. 280g) is amended by adding at the end the  
 20 following:

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

23 “(a) IN GENERAL.—The Secretary, acting through  
 24 the Associate Administrator of the Maternal and Child  
 25 Health Bureau, shall establish an Infant and Early Child-

1 hood Clinical Mental Health Leadership Program to  
2 award grants to eligible entities to establish training insti-  
3 tutes and centers of excellence for infant and early child-  
4 hood clinical mental health.

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

7 “(1) be—

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

11 “(B) be a hospital with affiliation with  
12 such an institution of higher education, or a  
13 State professional medical society or association  
14 of infant mental health demonstrating an affili-  
15 ation or partnership with such an institution of  
16 higher education; and

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

20 “(c) USE OF GRANT.—An entity shall use amounts  
21 received under a grant under this section to establish  
22 statewide training institutes or centers of excellence for  
23 licensed clinical social workers, licensed professional coun-  
24 selors, licensed marriage and family therapists, clinical  
25 psychologists, child psychiatrists, school psychologists,

1 nurses, and developmental and behavioral pediatricians on  
2 infant and early childhood clinical mental health, with an  
3 emphasis on screening, assessment, service provision or re-  
4 ferral, prevention, and treatment for infants and children  
5 who have experienced or are at risk of experiencing trau-  
6 ma, as well as prevention of secondary trauma, through—

7           “(1) the provision of community-based training  
8           and supervision in evidence-based assessment, diag-  
9           nosis, and treatment, which may be conducted  
10          through partnership with qualified community-based  
11          organizations;

12          “(2) the development of graduate education  
13          training tracks;

14          “(3) the provision of scholarships and stipends,  
15          including to enhance recruitment from under-rep-  
16          resented populations in the mental health workforce;  
17          and

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

20          “(d) AUTHORIZATION OF APPROPRIATIONS.—There  
21          is authorized to be appropriated to carry out this section,  
22          \$25,000,000 for each of fiscal years 2020 through 2024.”.



1 **SEC. 204. TRAUMA-INFORMED TEACHING AND SCHOOL**  
2 **LEADERSHIP.**

3 (a) PARTNERSHIP GRANTS.—Section 202 of the  
4 Higher Education Act of 1965 (20 U.S.C. 1022a) is  
5 amended—

6 (1) in subsection (b)(6)—

7 (A) by redesignating subparagraphs (H)  
8 through (K) as subparagraphs (I) through (L),  
9 respectively; and

10 (B) by inserting after subparagraph (G)  
11 the following:

12 “(H) how the partnership will prepare gen-  
13 eral education and special education teachers,  
14 including early childhood educators, to support  
15 positive learning outcomes and social and emo-  
16 tional development for students who have expe-  
17 rienced trauma (including students who are in-  
18 volved in the foster care or juvenile justice sys-  
19 tems or runaway or homeless youth) and in al-  
20 ternative education settings in which high popu-  
21 lations of youth with trauma exposure may  
22 learn (including settings for correctional edu-  
23 cation, juvenile justice, pregnant and parenting  
24 students, or youth who have re-entered school  
25 after a period of absence due to dropping  
26 out);”;

1 (2) in subsection (d)(1)(A)(i)—

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

4 (B) by redesignating subclause (III) as  
5 subclause (IV); and

6 (C) by inserting after subclause (II) the  
7 following:

8 “(III) such teachers, including  
9 early childhood educators, to adopt  
10 evidence-based approaches for improv-  
11 ing behavior (such as positive behavior  
12 interventions and supports and restor-  
13 ative justice), supporting social and  
14 emotional learning, mitigating the ef-  
15 fects of trauma, improving the learn-  
16 ing environment in the school, pre-  
17 venting secondary trauma, compassion  
18 fatigue, and burnout, and for alter-  
19 natives to suspensions, expulsions,  
20 corporal punishment, referrals to law  
21 enforcement, and other actions that  
22 remove students from the learning en-  
23 vironment; and”;

24 (3) in subsection (d), by adding at the end the  
25 following:

1           “(7) TRAUMA-INFORMED PRACTICE AND WORK  
2           IN ALTERNATIVE EDUCATION SETTINGS.—Devel-  
3           oping the teaching skills of prospective and, as appli-  
4           cable, new, early childhood, elementary school, and  
5           secondary school teachers to adopt evidence-based  
6           trauma-informed teaching strategies—

7           “(A) to—

8           “(i) recognize the signs of trauma and  
9           its impact on learning;

10           “(ii) maximize student engagement  
11           and promote the social and emotional de-  
12           velopment of students; and

13           “(iii) implement alternative practices  
14           to suspension and expulsion that do not re-  
15           move students from the learning environ-  
16           ment; and

17           “(B) including programs training teachers,  
18           including early childhood educators, to work  
19           with students with exposure to traumatic events  
20           (including students involved in the foster care  
21           or juvenile justice systems or runaway and  
22           homeless youth) and in alternative academic  
23           settings for youth unable to participate in a tra-  
24           ditional public school program in which high  
25           populations of students with trauma exposure

1           may learn (such as students involved in the fos-  
2           ter care or juvenile justice systems, pregnant  
3           and parenting students, runaway and homeless  
4           students, and other youth who have re-entered  
5           school after a period of absence due to dropping  
6           out).”.

7           (b)       ADMINISTRATIVE       PROVISIONS.—Section  
8   203(b)(2) of the Higher Education Act of 1965 (20  
9   U.S.C. 1022b(b)(2)) is amended—

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

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

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

15                   “(C) to eligible partnerships that have a  
16                   high-quality proposal for trauma training pro-  
17                   grams for general education and special edu-  
18                   cation teachers, including early childhood edu-  
19                   cators.”.

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

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

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

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

4                       “(vii) identify students who have expe-  
5                       rienced trauma and connect those students  
6                       with appropriate school-based or commu-  
7                       nity-based interventions and services.”.

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

9           Not later than 18 months after the date of enactment  
10          of this Act, the Secretary of Health and Human Services,  
11          in coordination with appropriate stakeholders with subject  
12          matter expertise which may include the National Child  
13          Traumatic Stress Network, shall carry out activities to de-  
14          velop accessible and easily understandable toolkits for use  
15          by front-line service providers (including teachers, early  
16          childhood educators, school leaders, mentors, social work-  
17          ers, counselors, faith leaders, first responders, kinship  
18          caregivers) for appropriately identifying, responding to,  
19          and supporting infants, children, and youth, and their  
20          families, as appropriate, who have experienced or are at  
21          risk of experiencing trauma. Front-line service providers  
22          may also include programs focused on adults whose chil-  
23          dren or who themselves have experienced trauma, includ-  
24          ing programs related to Healthy Marriage and Respon-  
25          sible Fatherhood, child support, and Temporary Assist-

1 ance to Needy Families. Such toolkits shall incorporate  
 2 best practices developed under section 7132(d) of the  
 3 SUPPORT for Patients and Communities Act (Public  
 4 Law 115–271), and include actions to build a safe, stable,  
 5 and nurturing environment for the infants, children, and  
 6 youth served in those settings, capacity building, and  
 7 strategies for addressing the impact of secondary trauma,  
 8 compassion fatigue, and burnout among such front-line  
 9 service providers.

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

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

14 **“PART OO—CHILDREN EXPOSED TO VIOLENCE**  
 15 **AND ADDICTION INITIATIVE**

16 **“SEC. 3051. GRANTS TO IDENTIFY AND SUPPORT CHILDREN**  
 17 **EXPOSED TO VIOLENCE AND SUBSTANCE**  
 18 **USE.**

19 “(a) IN GENERAL.—The Attorney General may make  
 20 grants to States, units of local government, Indian tribes  
 21 and tribal organizations (as such terms are defined in sec-  
 22 tion 4 of the Indian Self-Determination Act and Edu-  
 23 cation Assistance Act), and nonprofit organizations to re-  
 24 duce violence and substance use by preventing exposure  
 25 to trauma, violence, or substance use and identifying and

1 supporting infants, children, and youth, and their families,  
2 as appropriate, exposed to trauma, violence, or substance  
3 use.

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

8 “(1) building public awareness and education,  
9 and improving policies and practices;

10 “(2) providing training, tools and resources to  
11 develop the skills and capacity of parents (including  
12 foster parents), adult guardians, and professionals  
13 who interact directly with infants, children, and  
14 youth, and their families, as appropriate, in an orga-  
15 nized or professional setting, including through the  
16 best practices developed under section 7132(d) of  
17 the SUPPORT for Patients and Communities Act  
18 (Public Law 115–271); and

19 “(3) providing technical assistance to commu-  
20 nities, organizations, and public agencies on how to  
21 prevent and mitigate the impact of exposure to trau-  
22 ma, violence, and substance use.

23 “(c) AUTHORIZATION OF APPROPRIATIONS.—There  
24 are authorized to be appropriated to carry out this section  
25 \$11,000,000 for each of fiscal years 2020 through 2024.”.

1 **SEC. 207. ESTABLISHMENT OF LAW ENFORCEMENT CHILD**  
2 **AND YOUTH TRAUMA COORDINATING CEN-**  
3 **TER.**

4 (a) ESTABLISHMENT OF CENTER.—

5 (1) IN GENERAL.—The Attorney General shall  
6 establish a National Law Enforcement Child and  
7 Youth Trauma Coordinating Center (referred to in  
8 this section as the “Center”) to provide assistance to  
9 adult- and juvenile-serving State, local, and tribal  
10 law enforcement agencies (including those operated  
11 by Indian tribes and tribal organizations as such  
12 terms are defined in section 4 of the Indian Self-De-  
13 termination Act and Education Assistance Act) in  
14 interacting with infants, children, and youth who  
15 have been exposed to violence or other trauma, and  
16 their families as appropriate.

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

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

23 (1) disseminating information on the best prac-  
24 tices for law enforcement officers, which may include  
25 best practices based on evidence-based and evidence-  
26 informed models from programs of the Department



1 of Justice and the Office of Justice Services of the  
2 Bureau of Indian Affairs or the best practices devel-  
3 oped under section 7132(d) of the SUPPORT for  
4 Patients and Communities Act (Public Law 115–  
5 271), such as—

6 (A) models developed in partnership with  
7 national law enforcement organizations, Indian  
8 tribes, or clinical researchers; and

9 (B) models that include—

10 (i) trauma-informed approaches to  
11 conflict resolution, information gathering,  
12 forensic interviewing, de-escalation, and  
13 crisis intervention training;

14 (ii) early interventions that link child  
15 and youth witnesses and victims, and their  
16 families as appropriate, to age-appropriate  
17 trauma-informed services; and

18 (iii) preventing and supporting offi-  
19 cers who experience secondary trauma;

20 (2) providing professional training and technical  
21 assistance; and

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

23 (c) GRANT PROGRAM.—

24 (1) IN GENERAL.—The Attorney General, act-  
25 ing through the Center, may award grants to State,

1 local, and tribal law enforcement agencies or to  
2 multi-disciplinary consortia to—

3 (A) enhance the awareness of best prac-  
4 tices for trauma-informed responses to infants,  
5 children, and youth who have been exposed to  
6 violence or other trauma, and their families as  
7 appropriate; and

8 (B) provide professional training and tech-  
9 nical assistance in implementing the best prac-  
10 tices described in subparagraph (A).

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

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

19 (A) provide training to law enforcement of-  
20 ficers on best practices, including how to iden-  
21 tify and appropriately respond to early signs of  
22 trauma and violence exposure when interacting  
23 with infants, children, and youth, and their  
24 families, as appropriate; and

1 (B) establish, operate, and evaluate a re-  
2 ferral and partnership program with trauma-in-  
3 formed clinical mental health, substance use,  
4 health care, or social service professionals in the  
5 community in which the law enforcement agen-  
6 cy serves.

7 (d) AUTHORIZATION OF APPROPRIATIONS.—There  
8 are authorized to be appropriated to the Attorney Gen-  
9 eral—

10 (1) \$6,000,000 for each of fiscal years 2020  
11 through 2024 to award grants under subsection (c);  
12 and

13 (2) \$2,000,000 for each of fiscal years 2020  
14 through 2024 for other activities of the Center.

15 **SEC. 208. NATIONAL INSTITUTES OF HEALTH REPORT ON**  
16 **TRAUMA.**

17 Not later than 1 year after the date of the enactment  
18 of this Act, the Director of the National Institutes of  
19 Health shall submit to Congress a report on the activities  
20 of the National Institutes of Health with respect to trau-  
21 ma (including trauma that stems from child abuse, expo-  
22 sure to violence, addiction and substance use, and toxic  
23 stress) and the implications of trauma for infants, chil-  
24 dren, and youth, and their families, as appropriate. Such  
25 report shall include—

1           (1) the comprehensive research agenda of the  
2 National Institutes of Health with respect to trauma;  
3

4           (2) the capacity, expertise, and review mechanisms of the National Institutes of Health with respect to the evaluation and examination of research proposals related to child trauma, including coordination across institutes and centers and inclusion of trauma impact statements within relevant grants focused on serving children and families;  
5  
6  
7  
8  
9  
10

11           (3) the relevance of trauma to other diseases, outcomes, and domains;  
12

13           (4) strategies to link and analyze data from multiple independent sources, including child welfare, health care (including mental health care), law enforcement, and education systems, to enhance research efforts and improve health outcomes;  
14  
15  
16  
17

18           (5) the efficacy of existing interventions, including clinical treatment methods, child- and family-focused prevention models, and community-based approaches, in mitigating the effects of experiencing trauma and improving health and societal outcomes;  
19  
20  
21  
22  
23 and

- 1           (6) identification of gaps in understanding in
- 2           the field of trauma and areas of greatest need for
- 3           further research related to trauma.

