

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

“(2) providing training, tools and resources to develop the skills and capacity of parents (including foster parents), adult guardians, and professionals who interact directly with infants, children, and youth, and their families, as appropriate, in an organized 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, and 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 have been exposed to violence or other trauma, and their families as appropriate.

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

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

(1) disseminating information on the best practices for law enforcement officers, which may include best practices based on evidence-based and evidence-informed models from programs of the Department of Justice and the Office of Justice Services of the Bureau of Indian Affairs or the best practices developed under section 7132(d) of the SUPPORT for Patients and Communities Act (Public Law 115-271), such as—

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

(B) models that include—

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

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

(iii) preventing and supporting officers who experience secondary trauma;

(2) providing professional training and technical assistance; and

(3) awarding grants under subsection (c).

(c) GRANT PROGRAM.—

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

(A) enhance the awareness of best practices for trauma-informed responses to infants, children, and youth who have been exposed to violence or other trauma, and their families as appropriate; and

(B) provide professional training and technical assistance in implementing the best practices described in subparagraph (A).

(2) APPLICATION.—Any State, local, or tribal law enforcement agency seeking a grant under this subsection shall submit an application to the Attorney General at such time, in such manner, and containing such information as the Attorney General may require.

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

(A) provide training to law enforcement officers on best practices, including how to identify and appropriately respond to early signs of trauma and violence exposure when interacting with infants, children, and youth, and their families, as appropriate; and

(B) establish, operate, and evaluate a referral and partnership program with trauma-informed clinical mental health, substance use, health care, or social service professionals in the community in which the law enforcement agency serves.

(d) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to the Attorney General—

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

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

#### SEC. 208. NATIONAL INSTITUTES OF HEALTH REPORT ON TRAUMA.

Not later than 1 year after the date of the enactment of this Act, the Director of the National Institutes of Health shall submit to Congress a report on the activities of the National Institutes of Health with respect to trauma (including trauma that stems from child abuse, exposure to violence, addiction and substance use, and toxic stress) and the implications of trauma for infants, children, and youth, and their families, as appropriate. Such report shall include—

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

(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;

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

(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;

(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; and

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

#### SUBMITTED RESOLUTIONS

#### SENATE RESOLUTION 240—RELATIVE TO THE DEATH OF DR. LLOYD JOHN OGILVIE, FORMER CHAPLAIN OF THE UNITED STATES SENATE

Mr. McCONNELL submitted the following resolution; which was considered and agreed to:

S. RES. 240

Whereas Dr. Lloyd John Ogilvie, a native of Kenosha, Wisconsin, earned degrees from Lake Forest College and Garrett Theological Seminary and pursued postgraduate studies at New College of the University of Edinburgh in Scotland;

Whereas Dr. Lloyd John Ogilvie served as a Presbyterian minister throughout his life in Illinois, Pennsylvania, and California;

Whereas Dr. Lloyd John Ogilvie authored many books and hosted nationally syndicated radio and television ministry;

Whereas Dr. Lloyd John Ogilvie became the 61st Senate Chaplain on March 11, 1995, and faithfully served the Senate for eight years as Senate Chaplain: Now, therefore, be it

*Resolved*, That the Senate has heard with profound sorrow and deep regret the announcement of the death of Dr. Lloyd John Ogilvie, former Chaplain of the Senate.

*Resolved*, That the Secretary of the Senate communicate these resolutions to the House of Representatives and transmit an enrolled copy thereof to the family of the deceased.

*Resolved*, That when the Senate adjourns today, it stand adjourned as a further mark of respect to the memory of Dr. Lloyd John Ogilvie.

#### SENATE RESOLUTION 241—DESIGNATING MAY 2019 AS “OLDER AMERICANS MONTH”

Ms. COLLINS (for herself, Mr. CASEY, Mr. BURR, Mrs. GILLIBRAND, Mr. RUBIO, Mr. BLUMENTHAL, Mr. SCOTT of South Carolina, Ms. WARREN, Mr. BRAUN, Mr. JONES, Mr. HAWLEY, Ms. ROSEN, Ms. MCSALLY, Ms. SINEMA, and Mr. SCOTT of Florida) submitted the following resolution; which was considered and agreed to:

S. RES. 241

Whereas President John F. Kennedy first designated May as “Senior Citizens Month” in 1963;

Whereas, in 1963, only approximately 17,000,000 individuals living in the United States were age 65 or older, approximately 1/3 of those individuals lived in poverty, and few programs existed to meet the needs of older individuals in the United States;

Whereas, in 2018, there were more than 52,431,193 individuals age 65 or older in the United States, and those individuals accounted for 16 percent of the total population of the United States;

Whereas approximately 10,000 individuals in the United States turn age 65 each day;

Whereas, in 2019, more than 9,056,000 veterans of the Armed Forces are age 65 or older;

Whereas older individuals in the United States rely on Federal programs, such as programs under the Social Security Act (42 U.S.C. 301 et seq.) (including the Medicare program under title XVIII of that Act (42 U.S.C. 1395 et seq.) and the Medicaid program under title XIX of that Act (42 U.S.C. 1396 et seq.)), for financial security and high-quality affordable health care;

Whereas the Older Americans Act of 1965 (42 U.S.C. 3001 et seq.) provides—

(1) supportive services to help individuals in the United States who are age 60 or older maintain maximum independence in the homes and communities of those individuals; and

(2) funding for programs, including nutrition services, transportation, and care management, to assist more than 11,000,000 older individuals in the United States each year;

Whereas, compared to older individuals in the United States in past generations, older