

117TH CONGRESS
2D SESSION

H. R. 9580

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

IN THE HOUSE OF REPRESENTATIVES

DECEMBER 15, 2022

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

A BILL

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

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

3 **SECTION 1. SHORT TITLE.**

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

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

3 **SEC. 101. TRAUMA AND RESILIENCE-RELATED COORDI-**
4 **NATING BODIES.**

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

8 **“SEC. 520B. LOCAL COORDINATING BODIES TO ADDRESS**
9 **COMMUNITY TRAUMA, PREVENTION, AND RE-**
10 **SILIENCE.**

11 “(a) GRANTS.—

12 “(1) IN GENERAL.—The Secretary, in coordina-
13 tion with the Director of the Centers for Disease
14 Control and Prevention and the Assistant Secretary,
15 shall award grants to State, county, local, or Indian
16 tribe or tribal organizations (as such terms are de-
17 fined in section 4 of the Indian Self-Determination
18 Act and Education Assistance Act) or nonprofit pri-
19 vate entities for demonstration projects to enable
20 such entities to act as coordinating bodies to prevent
21 or mitigate the impact of trauma and toxic stress in
22 a community, or promote resilience by fostering pro-
23 tective factors.

24 “(2) AMOUNT.—The Secretary shall award such
25 grants in amounts of not more than \$6,000,000.

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

3 “(b) ELIGIBLE ENTITIES.—

4 “(1) IN GENERAL.—To be eligible to receive a
5 grant under this section, an entity shall include 1 or
6 more representatives from at least 5 of the cat-
7 egories described in paragraph (2).

8 “(2) COMPOSITION.—The categories referred to
9 in paragraph (1) are—

10 “(A) governmental agencies, such as public
11 health, mental health, human services, or child
12 welfare agencies, that provide training related
13 to covered services or conduct activities to
14 screen, assess, provide services or referrals, pre-
15 vent, or provide treatment to support infants,
16 children, youth, and their families as appro-
17 priate, that have experienced or are at risk of
18 experiencing trauma;

19 “(B) faculty or qualified staff at an insti-
20 tution of higher education (as defined in section
21 101(a) of the Higher Education Act of 1965)
22 or representatives of a local member of the Na-
23 tional Child Traumatic Stress Network, in an
24 area related to screening, assessment, service
25 provision or referral, prevention, or treatment

1 to support infants, children, youth, and their
2 families, as appropriate, that have experienced
3 or are at risk of experiencing trauma;

4 “(C) hospitals, health care clinics, or other
5 health care institutions, such as mental health
6 and substance use disorder treatment facilities;

7 “(D) criminal justice representatives re-
8 lated to adults and juveniles, which may include
9 law enforcement or judicial or court employees;

10 “(E) local educational agencies (as defined
11 in section 8101 of the Elementary and Sec-
12 ondary Education Act of 1965 (20 U.S.C.
13 7801)) or agencies responsible for early child-
14 hood education programs, which may include
15 Head Start and Early Head Start agencies;

16 “(F) workforce development, job training,
17 or business associations;

18 “(G) nonprofit, community-based faith,
19 human services, civic, or social services organi-
20 zations, including participants in a national or
21 community service program (as described in
22 section 122 of the National and Community
23 Service Act of 1990 (42 U.S.C. 12572)), pro-
24 viders of after-school programs, home visiting
25 programs, family resource centers, agencies

1 that serve victims of domestic and family vio-
2 lence or child abuse, or programs to prevent or
3 address the impact of violence and addiction;
4 and

5 “(H) the general public, including individ-
6 uals who have experienced trauma who can ap-
7 propriately represent populations and activities
8 relevant to the community that will be served
9 by the entity.

10 “(3) QUALIFICATIONS.—In order for an entity
11 to be eligible to receive the grant under this section,
12 the representatives included in the entity shall, col-
13 lectively, have training and expertise concerning
14 childhood trauma, resilience, and covered services.

15 “(c) APPLICATION.—To be eligible to receive a grant
16 under this section, an entity shall submit an application
17 to the Secretary at such time, in such manner, and con-
18 taining such information as the Secretary may require.

19 “(d) PRIORITY.—In awarding grants under this sec-
20 tion, the Secretary shall give priority to entities proposing
21 to serve communities or populations that have faced or
22 currently face high rates of community trauma, including
23 from intergenerational poverty, civil unrest, discrimina-
24 tion, or oppression, which may include an evaluation of—

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

5 “(2) an age-adjusted rate of violence-related (or
6 intentional) injury deaths that is above the national
7 average, as determined by the Director of the Cen-
8 ters for Disease Control and Prevention; and

9 “(3) a rate of involvement in the child welfare
10 or juvenile justice systems that is above the national
11 average, as determined by the Secretary.

12 “(e) USE OF FUNDS.—An entity that receives a grant
13 under this section to act as a coordinating body may use
14 the grant funds to—

15 “(1) bring together stakeholders who provide or
16 use services in, or have expertise concerning, covered
17 settings to identify community needs and resources
18 related to covered services, and to build on any
19 needs assessments conducted by organizations or
20 groups represented on the coordinating body;

21 “(2)(A) collect data, on indicators to reflect
22 local priority issues, including across multiple cov-
23 ered settings and disaggregated by age, race, and
24 any other appropriate metrics; and

1 “(B) use the data to identify unique community
2 challenges and barriers, community strengths and
3 assets, gaps in services, and high-need areas, related
4 to covered services;

5 “(3) build awareness, skills, and leadership (in-
6 cluding through trauma-informed and resilience-fo-
7 cused training and public outreach campaigns) on
8 covered services in covered settings;

9 “(4) develop a strategic plan, in partnership
10 with members of the served community or popu-
11 lation, that identifies—

12 “(A) policy goals and coordination oppor-
13 tunities to address community needs and local
14 priority issues (including coordination in apply-
15 ing for or utilizing existing grants, insurance
16 coverage, or other government programs), in-
17 cluding for communities of color and relating to
18 delivering and implementing covered services;
19 and

20 “(B) a comprehensive, integrated approach
21 for the entity and its members to prevent and
22 mitigate the impact of exposure to trauma or
23 toxic stress in the community, and to assist the
24 community in healing from existing and prior

1 exposure to trauma through promotion of resil-
2 ience and fostering protective factors;

3 “(5) implement such strategic plans in the local
4 community, including through the delivery of covered
5 services in covered settings; and

6 “(6) identify funding sources and partner with
7 community stakeholders to sustainably continue ac-
8 tivities after the end of the grant period.

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 including outcomes related to health, education, child wel-
21 fare, criminal justice involvement, or other measurable
22 outcomes pertaining to wellbeing and societal impact.

23 “(h) AUTHORIZATION OF APPROPRIATIONS.—There
24 is authorized to be appropriated to carry out this section
25 \$600,000,000 for each of fiscal years 2022 through 2029.

1 “(i) DEFINITIONS.—In this section:

2 “(1) COVERED SERVICES.—The term ‘covered
3 services’ means culturally responsive services, pro-
4 grams, models, or interventions that are evidence-
5 based, evidence-informed, or promising best prac-
6 tices to support infants, children, youth, and their
7 families as appropriate by preventing or mitigating
8 the impact of trauma and toxic stress or promoting
9 resilience by fostering protective factors, which may
10 include the best practices developed under section
11 7132(d) of the SUPPORT for Patients and Commu-
12 nities Act (Public Law 115–271).

13 “(2) COVERED SETTING.—The term ‘covered
14 setting’ means the settings in which individuals may
15 come into contact with infants, children, youth, and
16 their families, as appropriate, who have experienced
17 or are at risk of experiencing trauma, including
18 schools, hospitals, settings where health care pro-
19 viders, including primary care and pediatric pro-
20 viders, provide services, early childhood education
21 and care settings, home visiting settings, after-school
22 program facilities, child welfare agency facilities,
23 public health agency facilities, mental health treat-
24 ment facilities, substance use disorder treatment fa-
25 cilities, faith-based institutions, domestic violence

1 agencies, violence intervention organizations, child
2 advocacy centers, homeless services system facilities,
3 refugee services system facilities, juvenile justice sys-
4 tem facilities, law enforcement agency facilities,
5 Healthy Marriage Promotion or Responsible Father-
6 hood service settings, child support service settings,
7 and service settings focused on individuals eligible
8 for Temporary Assistance for Needy Families; and”.

9 **SEC. 102. EXPANSION OF PERFORMANCE PARTNERSHIP**
10 **PILOT FOR CHILDREN WHO HAVE EXPERI-**
11 **ENCED OR ARE AT RISK OF EXPERIENCING**
12 **TRAUMA.**

13 (a) IN GENERAL.—Section 526 of the Departments
14 of Labor, Health and Human Services, and Education,
15 and Related Agencies Appropriations Act, 2014 (42
16 U.S.C. 12301 note) is amended—

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

19 “(4) ‘To improve outcomes for infants, children,
20 and youth, and their families as appropriate, who
21 have experienced or are at risk of experiencing trau-
22 ma’ means to increase the rate at which individuals
23 who have experienced or are at risk of experiencing
24 trauma, including those who are low-income, home-
25 less, involved with the child welfare system, involved

1 in the juvenile justice system, have been victims of
2 violence (including community, family, or sexual vio-
3 lence), unemployed, or not enrolled in or at risk of
4 dropping out of an educational institution and live in
5 a community that has faced acute or long-term expo-
6 sure to substantial discrimination, historical oppres-
7 sion, intergenerational poverty, civil unrest, a high
8 rate of violence or drug overdose deaths, achieve suc-
9 cess in meeting educational, employment, health, de-
10 velopmental, community reentry, permanency from
11 foster care, or other key goals.”;

12 (2) in subsection (b)—

13 (A) in the subsection heading, by striking
14 “FISCAL YEAR 2014” and inserting “FISCAL
15 YEARS 2022 THROUGH 2026”;

16 (B) by redesignating paragraphs (1) and
17 (2) as subparagraphs (A) and (B), respectively,
18 and by moving such subparagraphs, as so re-
19 designated, 2 ems to the right;

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

22 “(1) DISCONNECTED YOUTH PILOTS.—Federal
23 agencies”; and

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

1 “(2) TRAUMA-INFORMED CARE PILOTS.—Fed-
2 eral agencies may use Federal discretionary funds
3 that are made available in this Act or any appropria-
4 tions Act, including across different or multiple
5 years, for any of fiscal years 2022 through 2026 to
6 carry out up to 10 Performance Partnership Pilots.
7 Such Pilots shall—

8 “(A) be designed to improve outcomes for
9 infants, children, and youth, and their families
10 as appropriate, who have experienced or are at
11 risk of experiencing trauma; and

12 “(B) involve Federal programs targeted on
13 infants, children, and youth, and their families
14 as appropriate, who have experienced or are at
15 risk of experiencing trauma.”;

16 (3) in subsection (c)(2)—

17 (A) in subparagraph (A), by striking
18 “2018” and inserting “2025”; and

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

22 (4) in subsection (e), by striking “2018” and
23 inserting “2025”.

24 (b) REQUIREMENT.—Not later than 9 months after
25 the date of enactment of this Act, the Director of the Of-

1 fice of Management and Budget, working with the Attor-
2 ney General and the Secretary of Labor, Secretary of
3 Health and Human Services, Secretary of Education, and
4 Secretary of Housing and Urban Development, and any
5 other appropriate agency representative, shall, with re-
6 spect to carrying out this section—

7 (1) explore authorities to enable the issuance of
8 appropriate start-up funding;

9 (2) issue guidance documents, template waivers
10 and performance measurements, best practices and
11 lessons learned from prior pilot programs, rec-
12 ommendations for how to sustain projects after
13 award periods, and other technical assistance docu-
14 ments as needed; and

15 (3) align application timing periods to provide
16 maximum flexibility, which may include the avail-
17 ability of initial planning periods for awardees.

18 **SEC. 103. HOSPITAL-BASED INTERVENTIONS TO REDUCE**
19 **READMISSIONS.**

20 Section 393 of the Public Health Service Act (42
21 U.S.C. 280b–1a) is amended by adding at the end the fol-
22 lowing:

23 “(c) HOSPITAL-BASED INTERVENTIONS TO REDUCE
24 READMISSIONS.—

1 “(1) GRANTS.—The Secretary shall award
2 grants to eligible entities to deliver and evaluate hos-
3 pital-based interventions to improve outcomes and
4 reduce subsequent reinjury or readmissions of pa-
5 tients that present at a hospital after overdosing, at-
6 tempting suicide, or suffering violent injury or
7 abuse.

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

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

17 “(B) submit to the Secretary an applica-
18 tion at such time, in such manner, and con-
19 taining such information as the Secretary may
20 require, which shall include demonstrated expe-
21 rience furnishing successful hospital-based trau-
22 ma interventions to improve outcomes and pre-
23 vent reinjury or readmission for patients pre-
24 senting after overdosing, attempting suicide, or
25 suffering violent injury or abuse.

1 “(3) USE OF FUNDS.—An entity shall use
2 amounts received under a grant under this sub-
3 section to deliver, test, and evaluate hospital-based
4 trauma-informed interventions for patients who
5 present at hospitals with drug overdoses, suicide at-
6 tempts, or violent injuries (such as domestic violence
7 or intentional penetrating wounds, including gun-
8 shots and stabbings), or other presenting symptoms
9 associated with exposure to trauma, violence, sub-
10 stance misuse, or suicidal ideation, to provide com-
11 prehensive education, screening, counseling, dis-
12 charge planning, skills building, and long-term case
13 management services to such individuals, and their
14 guardians or caregivers as appropriate, to prevent
15 hospital readmission, injury, and improve health,
16 wellness, and safety outcomes. Such interventions
17 may be furnished in coordination or partnership
18 with qualified community-based organizations and
19 may include or incorporate the best practices devel-
20 oped under section 7132(d) of the SUPPORT for
21 Patients and Communities Act (Public Law 115–
22 271).

23 “(4) QUALITY MEASURES.—An entity that re-
24 ceive a grant under this section shall submit to the
25 Secretary a report on the data and outcomes devel-

1 oped under the grant, including any quality meas-
2 ures developed, evaluated, and validated to prevent
3 hospital readmissions for the patients served under
4 the program involved.

5 “(5) SUSTAINABLE COVERAGE.—The Secretary,
6 acting through the Administrator of the Centers for
7 Medicare & Medicaid Services, shall evaluate existing
8 authorities, flexibilities, and policies and disseminate
9 appropriate and relevant information to eligible enti-
10 ties on the opportunities for health insurance cov-
11 erage and reimbursement for the activities described
12 in paragraph (3).”.

13 **SEC. 104. TRAINING AND CERTIFICATION GUIDELINES FOR**
14 **COMMUNITY FIGURES.**

15 (a) IN GENERAL.—Not later than one year after the
16 date of enactment of this Act, the Secretary of Health and
17 Human Services shall study and establish guidelines for
18 use by States with respect to standards for training, cer-
19 tification, and partnership or supervision from licensed
20 clinical professionals as appropriate, of community fig-
21 ures, including community mentors and trusted leaders,
22 peers (including young adults and youth) with lived experi-
23 ences, faith-based leaders, coaches and arts program lead-
24 ers, and community paraprofessional providers such as
25 out-of-school providers, to—

1 (1) educate and promote an understanding of
2 trauma, toxic stress, and resilience;

3 (2) promote resilience by fostering protective
4 factors and providing peer support services;

5 (3) provide case management services and pro-
6 mote linkages to community services; and

7 (4) deliver appropriate, culturally responsive,
8 and trauma-informed practices.

9 (b) RECOMMENDATIONS.—Training and certification
10 guidelines under subsection (a) shall include recommenda-
11 tions for experience, education, and supervision require-
12 ments for, and partnerships between, such trained and
13 certified community figures and other health care pro-
14 viders such that the trained and certified community fig-
15 ures may be reimbursed through the State Medicaid plan
16 under title XIX of the Social Security Act (42 U.S.C.
17 1396 et seq.) for furnishing services to individuals enrolled
18 in such plan.

1 **TITLE II—WORKFORCE**
2 **DEVELOPMENT**

3 **SEC. 201. TRAINING AND RECRUITMENT OF INDIVIDUALS**
4 **FROM COMMUNITIES THAT HAVE EXPERI-**
5 **ENCED HIGH LEVELS OF TRAUMA, VIOLENCE,**
6 **OR ADDICTION.**

7 Part B of title VII of the Public Health Service Act
8 (42 U.S.C. 293 et seq.) is amended by adding at the end
9 the following:

10 **“SEC. 742. INDIVIDUALS FROM COMMUNITIES THAT HAVE**
11 **EXPERIENCED HIGH LEVELS OF TRAUMA, VI-**
12 **OLENCE, OR ADDICTION.**

13 “In carrying out activities under this part, the Sec-
14 retary shall ensure that emphasis is provided on the re-
15 cruitment of individuals from communities that have expe-
16 rienced high levels of trauma, violence, or addiction and
17 that appropriate activities under this part are carried out
18 in partnership with community-based organizations that
19 have expertise in addressing such challenges to enhance
20 service delivery.”.

21 **SEC. 202. FUNDING FOR THE NATIONAL HEALTH SERVICE**
22 **CORPS.**

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

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

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

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

6 “(G) \$360,000,000 for each of fiscal years
7 2022 through 2026, of which \$50,000,000 shall
8 be allocated in each such fiscal year for awards
9 to eligible individuals whose obligated service lo-
10 cations are in schools or community-based set-
11 tings as described in section 338N of the Public
12 Health Service Act.”.

13 **SEC. 203. INFANT AND EARLY CHILDHOOD CLINICAL WORK-**
14 **FORCE.**

15 Part P of title III of the Public Health Service Act
16 (42 U.S.C. 280g) is amended by adding at the end the
17 following:

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

20 “(a) IN GENERAL.—The Secretary, acting through
21 the Associate Administrator of the Maternal and Child
22 Health Bureau, shall establish an Infant and Early Child-
23 hood Mental Health Clinical Leadership Program to
24 award grants to eligible entities to establish a national net-

1 work of training institutes for infant and early childhood
2 clinical mental health.

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

5 “(1) be—

6 “(A) an institution of higher education as
7 defined in section 101(a) of the Higher Edu-
8 cation Act of 1965, including historically Black
9 colleges and universities (as defined for pur-
10 poses of section 322 of the Higher Education
11 Act of 1965 (20 U.S.C. 1061)), and Tribal col-
12 leges (as defined for purposes of section 316(b)
13 of the Higher Education Act of 1965 (20
14 U.S.C. 1059e)); or

15 “(B) be a hospital with affiliation with
16 such an institution of higher education, or a
17 State professional medical society or association
18 of infant mental health demonstrating an affli-
19 ation or partnership with such an institution of
20 higher education; and

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

1 “(c) USE OF GRANT.—An entity shall use amounts
2 received under a grant under this section to establish
3 training institutes to—

4 “(1) equip aspiring and current mental health
5 professionals, including clinical social workers, pro-
6 fessional counselors, marriage and family therapists,
7 clinical psychologists, child psychiatrists, school psy-
8 chologists, school counselors, school social workers,
9 nurses, home visitors, community health workers,
10 and developmental and behavioral pediatricians with
11 specialization in infant and early childhood clinical
12 mental health, and those pursuing certification or li-
13 censure in such professions; and

14 “(2) emphasize equipping trainees with cul-
15 turally responsive skills in prevention, mental health
16 consultation, screening, assessment, diagnosis, and
17 treatment for infants and children, and their parents
18 as appropriate, who have experienced or are at risk
19 of experiencing trauma, including from intergenera-
20 tional poverty, civil unrest, discrimination, or oppres-
21 sion, exposure to violence or overdose, as well as pre-
22 vention of secondary trauma, through—

23 “(A) the provision of community-based
24 training and supervision in evidence-based as-
25 sessment, diagnosis, and treatment, which may

1 be conducted through partnership with qualified
2 community-based organizations;

3 “(B) the development of graduate edu-
4 cation training tracks;

5 “(C) the provision of scholarships, sti-
6 pends, and trainee supports, including to en-
7 hance recruitment, retention, and career place-
8 ment of students from populations under-rep-
9 resented populations in the mental health work-
10 force; and

11 “(D) the provision of mid-career training
12 to develop the capacity of existing health practi-
13 tioners.

14 “(d) AUTHORIZATION OF APPROPRIATIONS.—There
15 is authorized to be appropriated to carry out this section,
16 \$25,000,000 for each of fiscal years 2022 through 2026.”.

17 **SEC. 204. TRAUMA-INFORMED TEACHING AND SCHOOL**
18 **LEADERSHIP.**

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

22 (1) in subsection (b)(6)—

23 (A) by redesignating subparagraphs (H)
24 through (K) as subparagraphs (I) through (L),
25 respectively; and

1 (B) by inserting after subparagraph (G)
2 the following:

3 “(H) how the partnership will prepare gen-
4 eral education and special education teachers,
5 including early childhood educators, to support
6 positive learning outcomes and social and emo-
7 tional development for students who have expe-
8 rienced trauma (including students who are in-
9 volved in the foster care or juvenile justice sys-
10 tems or runaway or homeless youth) and in al-
11 ternative education settings in which high popu-
12 lations of youth with trauma exposure may
13 learn (including settings for correctional edu-
14 cation, juvenile justice, pregnant, expecting and
15 parenting students, or youth who have re-en-
16 tered school after a period of absence due to
17 dropping out);”;

18 (2) in subsection (d)(1)(A)(i)—

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

21 (B) by redesignating subclause (III) as
22 subclause (IV); and

23 (C) by inserting after subclause (II) the
24 following:

1 “(III) such teachers, including
2 early childhood educators, to adopt
3 evidence-based approaches for improv-
4 ing behavior (such as positive behavior
5 interventions and supports and restor-
6 ative justice practices), supporting so-
7 cial and emotional learning, miti-
8 gating the effects of trauma, improv-
9 ing the learning environment in the
10 school, preventing secondary trauma,
11 compassion fatigue, and burnout, and
12 for alternatives to punitive discipline
13 practices, including suspensions, ex-
14 pulsions, corporal punishment, refer-
15 rals to law enforcement, and other ac-
16 tions that remove students from the
17 learning environment; and”;

18 (3) in subsection (d), by adding at the end the
19 following:

20 “(7) TRAUMA-INFORMED AND RESILIENCE-FO-
21 CUSED PRACTICE AND WORK IN ALTERNATIVE EDU-
22 CATION SETTINGS.—Developing the teaching skills
23 of prospective and, as applicable, new, early child-
24 hood, elementary school, and secondary school teach-

1 ers to adopt evidence-based trauma-informed and re-
2 silience-focused teaching strategies—

3 “(A) to—

4 “(i) recognize the signs of trauma and
5 its impact on learning;

6 “(ii) maximize student engagement
7 and promote the social and emotional de-
8 velopment of students;

9 “(iii) implement alternative practices
10 to suspension and expulsion that do not re-
11 move students from the learning environ-
12 ment; and

13 “(iv) engage with other school per-
14 sonnel, including administrators and non-
15 teaching staff, to foster a shared under-
16 standing of the items described in clauses
17 (i), (ii), and (iii); and

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

1 populations of students with trauma exposure
2 may learn (such as students involved in the fos-
3 ter care or juvenile justice systems, pregnant
4 and parenting students, runaway and homeless
5 students, students exposed to family violence or
6 trafficking, and other youth who have re-en-
7 tered school after a period of absence due to
8 dropping out).”.

9 (b) ADMINISTRATIVE PROVISIONS.—Section
10 203(b)(2) of the Higher Education Act of 1965 (20
11 U.S.C. 1022b(b)(2)) is amended—

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

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

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

17 “(C) to eligible partnerships that have a
18 high-quality proposal for trauma-informed and
19 resilience-focused training programs for general
20 education and special education teachers, in-
21 cluding early childhood educators.”.

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

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

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

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

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

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

10 Not later than 18 months after the date of enactment
11 of this Act, the Secretary of Health and Human Services,
12 in coordination with appropriate stakeholders with subject
13 matter expertise which may include the National Child
14 Traumatic Stress Network or other resource centers fund-
15 ed by the Department of Health and Human Services,
16 shall carry out activities to develop accessible and easily
17 understandable toolkits for use by front-line service pro-
18 viders (including teachers, early childhood educators,
19 school and out-of-school program leaders, paraeducators
20 and school support staff, home visitors, mentors, social
21 workers, counselors, health care providers, child welfare
22 agency staff, individuals in juvenile justice settings, faith
23 leaders, first responders, kinship caregivers, domestic vio-
24 lence agencies, child advocacy centers, homeless services
25 personnel, and youth development and community-based

1 organization personnel) for appropriately identifying, re-
2 sponding to, and supporting infants, children, and youth,
3 and their families, as appropriate, who have experienced
4 or are at risk of experiencing trauma or toxic stress. Such
5 toolkits shall incorporate best practices developed under
6 section 7132(d) of the SUPPORT for Patients and Com-
7 munities Act (Public Law 115–271), and include actions
8 to build a safe, stable, and nurturing environment for the
9 infants, children, and youth served in those settings, ca-
10 pacity building, and strategies for addressing the impact
11 of secondary trauma, compassion fatigue, and burnout
12 among such front-line service providers and other care-
13 givers.

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

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

18 **“PART OO—CHILDREN EXPOSED TO VIOLENCE**

19 **AND ADDICTION INITIATIVE**

20 **“SEC. 3051. GRANTS TO SUPPORT CHILDREN EXPOSED TO**

21 **VIOLENCE AND SUBSTANCE USE.**

22 “(a) IN GENERAL.—The Attorney General may make
23 grants to States, units of local government, Indian tribes
24 and tribal organizations (as such terms are defined in sec-
25 tion 4 of the Indian Self-Determination Act and Edu-

1 cation Assistance Act), and nonprofit organizations to re-
2 duce violence and substance use by preventing children’s
3 trauma from exposure to violence or substance use and
4 supporting infants, children, and youth, and their families,
5 who have been harmed by violence, trauma, or substance
6 use to heal.

7 “(b) USE OF FUNDS.—

8 “(1) IN GENERAL.—A grant under subsection
9 (a) may be used to implement trauma-informed poli-
10 cies and practices that support infants, children,
11 youth, and their families, as appropriate, by—

12 “(A) building public awareness and edu-
13 cation about the importance of addressing
14 childhood trauma as a means to reduce violence
15 and substance use and improve educational,
16 economic, developmental, and societal outcomes
17 for infants, children, and youth;

18 “(B) providing training, tools, and re-
19 sources to develop the skills and capacity of
20 parents (including foster parents), adult guard-
21 ians, and professionals who interact directly
22 with infants, children, and youth, in an orga-
23 nized or professional setting, to reduce the im-
24 pact of trauma, grief, and exposure to violence
25 on children, including through the best prac-

1 tices developed under section 7132(d) of the
2 SUPPORT for Patients and Communities Act
3 (Public Law 115–271); and

4 “(C) supporting community collaborations
5 and providing technical assistance to commu-
6 nities, organizations, and public agencies on
7 how they can coordinate to prevent and miti-
8 gate the impact of trauma from exposure to vio-
9 lence and substance use on children in their
10 homes, schools, and communities.

11 “(2) PRIORITY.—Priority in awarding grants
12 under this section shall be given to communities that
13 seek to address multiple types of violence and serve
14 children who have experienced poly-victimization.

15 “(c) AUTHORIZATION OF APPROPRIATIONS.—There
16 are authorized to be appropriated to carry out this section
17 \$11,000,000 for each of fiscal years 2022 through 2026.”.

18 **SEC. 207. ESTABLISHMENT OF LAW ENFORCEMENT CHILD**
19 **AND YOUTH TRAUMA COORDINATING CEN-**
20 **TER.**

21 (a) ESTABLISHMENT OF CENTER.—

22 (1) IN GENERAL.—The Attorney General, in co-
23 ordination with the Civil Rights Division, shall es-
24 tablish a National Law Enforcement Child and
25 Youth Trauma Coordinating Center (referred to in

1 this section as the “Center”) to provide assistance to
2 adult- and juvenile-serving State, local, and tribal
3 law enforcement agencies (including those operated
4 by Indian tribes and tribal organizations as such
5 terms are defined in section 4 of the Indian Self-De-
6 termination Act and Education Assistance Act) in
7 interacting with infants, children, and youth who
8 have been exposed to violence or other trauma, and
9 their families as appropriate.

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

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

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

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

4 (B) models that include—

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

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

13 (iii) preventing and supporting offi-
14 cers who experience secondary trauma;

15 (2) providing professional training and technical
16 assistance; and

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

18 (c) GRANT PROGRAM.—

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

23 (A) enhance the awareness of best prac-
24 tices for trauma-informed responses to infants,
25 children, and youth who have been exposed to

1 violence or other trauma, and their families as
2 appropriate; and

3 (B) provide professional training and tech-
4 nical assistance in implementing the best prac-
5 tices described in subparagraph (A).

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

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

14 (A) provide training to law enforcement of-
15 ficers on best practices, including how to iden-
16 tify and appropriately respond to early signs of
17 trauma and violence exposure when interacting
18 with infants, children, and youth, and their
19 families, as appropriate; and

20 (B) establish, operate, and evaluate a re-
21 ferral and partnership program with trauma-in-
22 formed clinical mental health, substance use,
23 health care, or social service professionals in the
24 community in which the law enforcement agen-
25 cy serves.

1 (d) AUTHORIZATION OF APPROPRIATIONS.—There
2 are authorized to be appropriated to the Attorney Gen-
3 eral—

4 (1) \$6,000,000 for each of fiscal years 2022
5 through 2026 to award grants under subsection (c);
6 and

7 (2) \$2,000,000 for each of fiscal years 2022
8 through 2026 for other activities of the Center.

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